

Exhibit 95

Wilson N. Jones Medical Records for Andre Thomas



WILSON N. JONES

MEMORIAL HEALTH SYSTEM

Health Solutions For A Lifetime

REGISTRATION RECORD

PATIENT ACCOUNT NO.	PAT TYPE	SOURCE	PRE					PRIOR ADMIT DATE	ROOM	MEDICAL RECORDS	
010002913	ER	7						02/20/92		00000325	
FC	ADMIT DATE / TIME	BIRTHDATE	AGE	SEX	MAR.	RACE	TYPE	RELIG.	ADMITTING PHYSICIAN / CODE	NEWS	SERVI
N	06/10/99 11:45		16	M	S	B		OTH		N	TRAL
PATIENT NAME AND ADDRESS				SSN/PHONE/COUNTY				PT. EMP NAME AND ADDRESS		WORK PHONE / EMP. C	
THOMAS, ANDRE LEE				999 999-9999				STUDENT			
				GRAYSON							
GUARANTOR NAME AND ADDRESS				SSN/PHONE/REL				GUAR. EMP NAME AND ADDRESS		WORK PHONE / EMP. C	
JESS, ERIC				999 999-9999				UNEMPLOYED			
				F							
SPOUSE / PARENT NAME AND ADDRESS				SSN/PHN SPOUSE'S / PARENT'S EMPLOYMENT INFORMATION							

NEAREST REL NAME ADDRESS	PHONE/REL	M	FAMILY PHYSICIAN	CHURCH	ACCIDENT CODE / DATE / TIME	
TATES NONE		I				
		S	BIRTH PLACE	PRIOR HOSP NO	ADM. VECHL	COURTESY
		C		0007653249		ADM
NS. NAME / GROUP NAME	CERT. NO. / GROUP NO		SUB. NAME / INS. ADDRESS	ALT. NO. / INS. CSZ		

ADMITTING COMPLAINT	
WOK CLARITIN, NOW ITCHING AND WHELF'S	
MENTS	ATTENDING PHYSICIAN
	JERRY DAVID BENNETT, M.D.
	DISCHARGE DATE & TIME
	06/10/99 12:40

Insurance Assignment

I authorize payment directly to Wilson N. Jones Memorial Hospital and physician(s) which accept this assignment of hospital and medical benefits otherwise payable to me. I understand that I will be responsible for any balance. I understand that I may receive a bill from the following: radiologists, Radiologists, Emergency Physician, Anesthesiologists, EEG, ECG, or EKG interpreters, surgeons, or consultants.

Medicare/Medicaid Assignment - Important Message From Medicare - Important Message From Champus

I certify that the information given to me in applying for payment under Title XVIII or XIX of the Social Security Act is correct and I request that said benefit of authorized benefits be made in my behalf. If Medicare, I have received AN IMPORTANT MESSAGE FROM MEDICARE. If Champus, I have received AN IMPORTANT MESSAGE FROM CHAMPUS.

Release of Information

I authorize the hospital to release such medical information as necessary when requested by insurance companies, worker's compensation carriers, patient's or responsible party's employer, representatives of government agencies, or the other entities, medical facility/physician for continuing or other entities as may be necessary.

Valuables

I understand that the hospital is not responsible for damage, theft, or loss of my personal property. I have been informed that items such as necessary eyeglasses, dentures, jewelry and other valuables should be sent home or deposited with the hospital for safekeeping. I understand lost and found articles not claimed in sixty (60) days will be disposed of.

1452

PATIENT SIGNATURE	DATE	WITNESS / CLERK
SIGNING FOR PATIENT	DATE	RELATIONSHIP TO PATIENT

AT001417



WILSON N. JONES

MEMORIAL HEALTH SYSTEM
Health Solutions For A Lifetime

REGISTRATION RECORD

PATIENT ACCOUNT NO.	PAT TYPE	SOURCE	PRE.					PRIOR ADMIT DATE	ROOM	MEDICAL RECORDS	
010002913	TER	7						02/20/92		00000325	
FC	ADMIT DATE / TIME	BIRTHDATE	AGE	SEX	MAR.	RACE	TYPE	RELIG.	ADMITTING PHYSICIAN / CODE	NEWS	SERV.
T	06/10/99 11:45		16	M	S	D		OTH		N	TRAU
PATIENT NAME AND ADDRESS				SSN/PHONE/COUNTY				PT. EMP NAME AND ADDRESS		WORK PHONE / EMP. C	
THOMAS, ANDRE LEE				GRAYSON				STUDENT			
GUARANTOR NAME AND ADDRESS				SSN/PHONE/REL				GUAR. EMP NAME AND ADDRESS		WORK PHONE / EMP. CC	
THOMAS, ROCHELLE M.				M							
SPOUSE / PARENT NAME AND ADDRESS				SSN/PHN SPOUSE'S / PARENT'S EMPLOYMENT INFORMATION							

NEAREST REL NAME ADDRESS	PHONE/REL	M	FAMILY PHYSICIAN	CHURCH	ACCIDENT CODE / DATE / TIME
		S			05 09/10/99
		C	BIRTH PLACE	PRIOR HOSP NO.	ADM. VECHL.
				0007653249	COURTESY
VS. NAME / GROUP NAME	CERT. NO. / GROUP NO.	SUB. NAME / INS. ADDRESS		ALT. NO. / INS. CSZ	
MICAID INPATIENT	505045434	P O BOX 201185		AUSTIN TX 78720	

ADMITTING COMPLAINT
OK CLARITIN, NOW ITCHING AND WHELS

MENTS	ATTENDING PHYSICIAN
	JERRY DAVID BENNETT, M.D.
	DISCHARGE DATE & TIME

Insurance Assignment

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Release of Information

I authorize the hospital to release such medical information as necessary when requested by insurance companies, worker's compensation carriers, patient's or responsible party's employer, representatives of government agencies, or the other entities, medical facility/physician for continuing care or other entities as may be necessary.

Liability

I understand that the hospital is not responsible for damage, theft, or loss of my personal property. I have been informed that items such as necessary eyeglasses, dentures, jewelry and other valuables should be sent home or deposited with the hospital for safekeeping. I understand lost and found articles not claimed in sixty (60) days will be disposed of.

1453

PATIENT SIGNATURE

Eric M. Ross
SIGNING FOR PATIENT

DATE

6-10-99
DATE

WITNESS / CLERK

Rose Vauter
RELATIONSHIP TO PATIENT

AT001418

Wilson N. Jones Medical Center

GENERAL CONSENT FORM

- I hereby request admission to this facility and authorize my attending physician, and any and all other attending physicians and surgeons, including radiologists, emergency physicians, pathologists and anesthesiologists, to order or administer any treatments, procedures, tests, examinations or other services of a routine medical or surgical nature, or to order any hospital services which he/she or they may deem necessary or advisable in the diagnosis and treatment of my health or physical condition.
- I understand that the physicians and surgeons who may treat my condition are not employees of this hospital, but are independent physicians who have been selected by me or my agents. This hospital is not responsible for recommending my treating physicians and I have not relied upon a hospital representative in selecting my independent physician.
- I authorize Wilson N. Jones Memorial Hospital, its employees and agents to perform nursing care diagnostic procedures and medical treatment requested by my attending physician or his/her assistant. I understand this may include, but is not limited to: diagnostic x-ray procedures, venipunctures for laboratory, and intravenous procedures.
- I understand that this Hospital serves as a clinical training site for a number of accredited Health Professions students including, but not limited to, programs in Nursing, Paramedic, and Medical Technologist training. These are under the direct supervision of a qualified, licensed instructor or certified professional. During the course of my stay, these students may participate in my care.
- I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the hospital.
- I hereby acknowledge that I have been informed that my written materials about my rights to execute Advance Directives will be at my bedside. I understand that I am not required to have an Advanced Directive in order to receive medical treatment at this health care facility. Advance directive data will not be available for outpatient services or procedures.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE**PATIENT CONFIDENTIALITY DESIGNATION**

I wish to be registered as a standard confidentiality patient.



I wish to register as a strictest confidentiality patient. My presence will not be acknowledged other than my caregivers and those with a need-to-know. I will receive no mail, flowers, visitors or calls.

Patient Signature

DATE/TIME

PATIENT'S SIGNATURE

PATIENT REPRESENTATIVE'S SIGNATURE

WITNESS

REASON PATIENT UNABLE TO SIGN

RELATIONSHIP TO PATIENT

TELEPHONE CONSENTTELEPHONE CONSENT FOR
EMERGENCY TREATMENT

PH. NUMBER

PARTY ISSUING CONSENT

RELATIONSHIP

DATE & TIME

CONSENT
WITNESS:

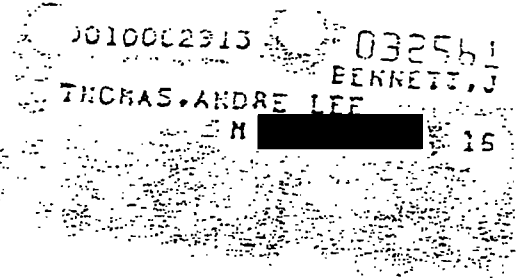
1454

CONSENT
WITNESS:

COMMENTS:

04278

DATE 6-10-99		TRIAGE TIME 1150		WILSON N. JONES REGIONAL HEALTH SYSTEM Prothonotary Public for A. L. Jones	
PATIENT NAME Thomas Andrew		D.O.B. 1/6		AGE 16	
CHIEF COMPLAINT Broke out in welts					
ONSET OF SYMPTOMS / MECHANISM OF INJURY Urticaria now SOB					
stabs face swollen on					
claw for allergy but					
AIRWAY <input type="checkbox"/> Patent <input type="checkbox"/> Other		BREATHING <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Audible Wheeze <input type="checkbox"/> Other		CIRCULATION SKIN: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist COLOR: <input checked="" type="checkbox"/> Pink/Brown <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Jaundice <input type="checkbox"/> Other	
MODE OF ARRIVAL: <input checked="" type="checkbox"/> WALK <input type="checkbox"/> CARRIED <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> STRETCHER		TRIAGE PRIORITY <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		NEURO <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Coherent <input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Other	
BROUGHT BY: Self		NURSE'S SIGNATURE <i>[Signature]</i>		HISTORY/SCREENING: <input checked="" type="checkbox"/> NONE SIGNIFICANT <input type="checkbox"/> PULMONARY <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> ALCOHOLISM <input type="checkbox"/> SMOKE PPD <input type="checkbox"/> ASTHMA <input type="checkbox"/> TB <input type="checkbox"/> GROWTH & DEVELOPMENT WNL <input type="checkbox"/> LANGUAGE BARRIER <input type="checkbox"/> INJURY DUE TO D.V.	
PRIVATE PHYSICIAN <i>[Signature]</i>		TIME NOTIFIED		REQUEST EMERGENCY PHYSICIAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DN CALL		TIME NOTIFIED		EMERGENCY PHYSICIAN <i>[Signature]</i>	
TRIAGE / NURSING INTERVENTION <input type="checkbox"/> ICE <input type="checkbox"/> SPLINT <input type="checkbox"/> DRESSING <input type="checkbox"/> OTHER					
TIME TO TX AREA 1150					
PHYSICIAN ORDERS					
<input type="checkbox"/> CBC					
<input type="checkbox"/> UA					
<input type="checkbox"/> GLUCOSE					
<input type="checkbox"/> SMA7					
<input type="checkbox"/> CPK					
<input type="checkbox"/> CKMB					
<input type="checkbox"/> ABG					
<input type="checkbox"/> LYTAS PANEL					
<input type="checkbox"/> COMP PANEL					
<input type="checkbox"/> LIVER PANEL					
<input type="checkbox"/> TROPONIN					
<input type="checkbox"/> HCO3					
<input type="checkbox"/> CULTURE					
<input type="checkbox"/> WET PREP					
<input type="checkbox"/> QUANT, UCG					
<input type="checkbox"/> SERUM UCG					
<input type="checkbox"/> URINE UCG					
<input type="checkbox"/> OTHER					
INITIATE STANDING ORDERS					
<input type="checkbox"/> ASTHMA					
<input type="checkbox"/> CHEST PAIN					
<input type="checkbox"/> MAJOR TRAUMA					
<input type="checkbox"/> INFECTIOUS DISEASE					
<input type="checkbox"/> EYE-CHEMICAL TRAUMA					
<input type="checkbox"/> LOW ABD PAIN - FEMALE					
<input type="checkbox"/> PEDI FEVER CONTROL					
<input type="checkbox"/> MINOR TRAUMA - WOUND CARE					
<input type="checkbox"/> SUTURE REMOVAL					
<input type="checkbox"/> OTHER:					
<input type="checkbox"/> OTHER:					
ED ORDERS:					
Benzadryl 750					
2cc IV					
Celestone Solu					
2cc IV					
PHYSICIAN'S SIGNATURE 1455					
CLASS III DISMISSAL NOTE: <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> WC <input type="checkbox"/> CARRIED					
ACCOMPANIED BY: <i>[Signature]</i>					
NURSE'S SIGNATURE <i>[Signature]</i>					
TIME 1240					



WILSON N. JONES REGIONAL HEALTH SYSTEMS
EMERGENCY DEPARTMENT

PATIENT DISCHARGE INSTRUCTIONS

The examination and treatment received in the Emergency Department is on an emergency basis and not intended to substitute for complete medical care and final diagnosis. You are urged to carefully follow the instructions given to you and follow up with your private physician. If you have questions or your condition worsens and your private physician cannot be reached, you may call or return to the Emergency Department as necessary.

INSTRUCTION SHEETS GIVEN:

- | | |
|---|---|
| <input type="checkbox"/> Asthma - children | <input type="checkbox"/> Vomiting and / or diarrhea - adult |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Crutch walking |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Medication guide |
| <input type="checkbox"/> Chest pain - non cardiac | <input type="checkbox"/> Local Pharmacy List |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Physician Referral |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Eye injuries | <input type="checkbox"/> Food and Drug Interaction Guide |
| <input type="checkbox"/> Fever - Children | <input type="checkbox"/> Pain Medication |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Immunization screen |
| <input type="checkbox"/> Hives | <input type="checkbox"/> Immunization CDC Information Sheet |
| <input type="checkbox"/> Kidney stones | <input type="checkbox"/> Social Services Referral |
| <input type="checkbox"/> Lacerations | <input type="checkbox"/> Home Health Referral |
| <input type="checkbox"/> Nose bleed | <input type="checkbox"/> Animal Control notified |
| <input type="checkbox"/> Sprains, Fractures, Severe Bruises | <input type="checkbox"/> Crisis Center Referral |
| <input type="checkbox"/> Suture/Staple Removal | |

SPECIFIC INSTRUCTIONS:

- ☒ You need to see your doctor in _____ days for follow-up.
Let us know if you don't have a doctor and we will give you the name and phone number of one who will follow your progress.
- ☐ Follow up unnecessary for this visit.

SPECIFIC DISCHARGE TEACHING

☐ DEMONSTRATED UNDERSTANDING

- 2. Be careful as needed.*
2. Stay out of sun/heat
2. Return if worse.

I have explained these instructions to the patient or responsible party.

I hereby acknowledge receipt of instructions and do understand them.

Signature of Nurse

Signature of Patient or Responsible Party

Signature of Physician

04230

AT001421

© 1995-97 E.S.C. Circle positives, check normals, backslash (N) negatives.

44 Wilson N. Jones Hospital
EMERGENCY PHYSICIAN RECORD
 Allergy Symptoms (5)

TIME SEEN: 1200 ROOM: 9
 HISTORIAN: patient

HPI

chief complaint- face / throat swelling skin rash itching
 trouble breathing dizziness / fainting

started- just PTA continues in E.D. ☒
 gone now better
 intermittent yes
 worse no

current symptoms-

SKIN-IMMUNE

skin rash / itching
 facial trunk extremities diffuse "redness" "hives"

swelling
 face lip(s) tongue throat hands feet diffuse
 trouble breathing
 trouble swallowing
 dizziness / fainting

identified cause? no yes possibly

When? just prior to symptom onset

Exposure

Medication

antibiotic

aspirin

NSAID

ACE inhibitor

other

Food

shellfish

nuts

soybeans

eggs

Other

bee/wasp sting

ant bite

poison ivy/oak

Location: home work

paramedic assessment- BP HR RR

n/a

treatment prior to arrival- none see EMS record

epinephrine steroids benadryl mg PO / IM / IV

IV fluids

Similar symptoms previously:

Recently seen/treated by doctor

1457

ROS

EYES

eye problems

ENT- RESP

sore throat

cough

sputum

CONST M/S

fever

chills

joint pains

NEURO

headache

weakness / numbness

CVS

chest pain

racing heart

GI

abdominal pain

vomiting

diarrhea

black/bloody stools

GU

frequent urination

pain on urination

☐ all systems neg. except as marked

PAST HISTORY negative

prior allergic reaction

anaphylaxis hives

idiopathic hives

asthma

hayfever

high blood pressure

diabetes insulin / oral / diet

heart disease

other problems

Medications none see NAS
ASA ibuprofen acetaminophen

Allergies see NAS
NKDA

04281

SOCIAL HX smoker drug
alcohol (recent / heavy / occasional)

FAMILY HX

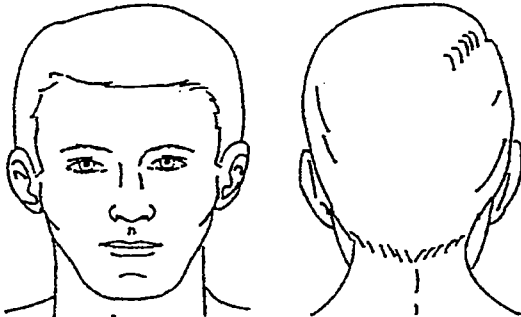
☒ Nursing Assessment Reviewed. ☐ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM Alert ☒ Anxious ☐ IV ☐
 Distress ☐ NAD ☒ mild ☐ moderate ☐ severe

HEENT

☒ ENT nml inspectn ☐ angioedema
☒ pharynx nml ☐ facial (see diagram)
☒ voice nml ☐ tongue ☐ uvula ☐ pharynx

☐ hoarse voice
☐ scleral icterus / pale conjunctivae
☐ abnml TM / hearing deficit



SKIN

☐ no rash ☐ cyanotic / diaphoretic / pallid
☐ normal color ☐ skin rash/ erythema
☐ warm, dry ☐ urticaria scaling eczematous erythematous
☐ excoriated macular papular fine patchy
☐ generalized facial neck trunk arms legs

EXTREMITIES

☐ non-tender ☐ edema hands/arms/legs/pedal
☐ normal ROM
☐ no edema

NECK

☐ nml inspection ☐ meningismus
☐ thyroid nml ☐ lymphadenopathy
☐ thyromegaly

RESPIRATORY

☐ no resp. distress ☐ respiratory distress
☐ breath sounds nml ☐ stridor
☐ accessory muscle use
☐ decreased air entry
☐ wheezing
☐ rales

CVS

☐ reg. rate, rhythm ☐ tachycardia / bradycardia
☐ heart snds normal ☐ murmur / gallop
☐ decreased pulse(s)

ABDOMEN

☐ non-tender ☐ tenderness
☐ no organomegaly ☐ hepatomegaly / splenomegaly

NEURO/PSYCH

☐ oriented x3 ☐ disoriented to person / place / time
☐ mood/affect nml ☐ depressed affect
☐ CN's intact (2-12) ☐ facial droop/EOM palsy/anisocoria
☐ no motor/sensory deficit ☐ weakness / sensory loss

LABS, XRAYS, EKG:

CBC	Chemistries	CK	Pulse
normal	normal	normal	Oximetry
nml except	nml except	CKMB	
WBC	Na	PT	99 % SAT
Hgb	K	PTT	RA
Hct	Cl	INR	O2
Platelets	Bicarb		
segs	Gap		
bands	Gluc		
lymphs	Bun		
monos	Creat		

CXR ☐ nml / NAD

EKG ☐ nml

Cardiac Monitor ☐ NSR

TREATMENT SUMMARY

☒ see chart for medication record
 oxygen
 IV fluids
 diphenhydramine PO / IM / IV
 epinephrine subcut
 methylprednisolone IM / IV
 prednisolone PO
 prednisone PO
 cimetidine PO / IM / IV
 ranitidine PO / IM / IV
 nebulized albuterol
 other

Time ☐ unchanged ☐ improved ☐ resolved ☐ re-examined

Hx / Exam limited by

Crit Care min

Discussed with Dr. ☐ Prior records ordered
 will see patient in office / ED / hospital ☐ Additional history from
 Counselor patient / family regarding ☐ family caretaker / paramedics
 lab results ☐ diagnosis ☐ need for follow-up ☐ EKG / X-ray examined
 Rx given ☐ Admit orders written ☐ Discussed with radiologist

CLINICAL IMPRESSION:

EMS Arrival

Allergic Reaction - acute

to: unknown

Urticaria Rash - acute

Angioedema - acute

Respiratory Distress - acute

Anaphylaxis - acute

Shock persistent resolved

Laryngeal Edema - acute

Airway Obstruction - acute

Bronchospasm / Asthma

Syncope

DISPOSITION-

☐ home ☐ admitted ☐ transferred

CONDITION-

☐ unchanged ☒ improved ☐ stable

PHYSICIAN SIGNATURE

J. Berner

04282

AT001423

Exhibit 96

North Texas State Hospital COPSD Assessment of Andre Thomas

Report Date: 09/13/2004

Page 1 of 4

North Texas State Hospital
Wichita Falls/Vernon, TX

COPSD ASSESSMENT Inquiry

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): KING CARLA G
Data Entry Date: 07/16/2004

GENERAL INFORMATION

Assessment Date: 07/13/2004

Assessment Time: 02:55 PM

Draft/Final: Final

Assessing Clinician: KING, CARLA G (002108)

Client DOB: [REDACTED]

Client SS#: [REDACTED]

Primary Language: ENGLISH

Is the preferred language English: Yes

INFORMANTS

Informant: Client

Informant Reliability: Poor

Informant Comments: REPORTS LAST USE OF ALCOHOL & CORICIDIN (OTC-COLD MED) WAS ABOUT 3 MONTHS AGO

INFORMANTS

Informant: Current Assessments/Evaluations

Specify Other: PSYCHIATRIC

Informant Reliability: Good

Informant Comments: PRESUMPTIVE DX: SUB. INDUCED PSYCHOSIS
w/DELUSIONS/HALLUCINATIONS; POLY SUB. DEP

INFORMANTS

Informant: Current Assessments/Evaluations

Specify Other: SOCIAL

Informant Reliability: Good

Informant Comments: REGULAR ABUSE OF ALCOHOL, MARIJUANA & CORICIDIN.

ASSESSMENT

8496

01833

AT008462

Report Date: 09/13/2004

Page 2 of 4

North Texas State Hospital
Wichita Falls/Vernon, TX

COPSD ASSESSMENT Inquiry

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): KING CARLA G
Data Entry Date: 07/16/2004

Evaluation Type: Admission/Screening

Substances Used: Alcohol, Drugs

Frequency: Daily

Tried to cut down/control Substance Abuse without success: Yes

Substance Abuse led to ER/hospital stay or rehab treatment: No

If so, Type of treatment and effectiveness:

DENIED ANY PREVIOUS TREATMENT FOR HIS SUBSTANCE USE HOWEVER STATED THAT HE DID ATTEND AA MEETINGS A COUPLE OF TIMES ON HIS OWN BECAUSE HE REALIZED THAT HE WAS HAVING PROBLEMS WITH ALCOHOL (GETTING SICK).

Experienced during periods of Substance Abuse: Hallucinations/delusions, Helpful in dealing with mental illness, Lost work/school time-S.A. illness, Medical Condition, Mood swings, Serious depression, Suicidal thinking, Withdrawal symptoms

Describe:

ANDRE SHARED THAT HE HAS EXPERIENCED SUICIDAL THOUGHTS x1 WHILE UNDER THE INFLUENCE OF ALCOHOL BUT DENIED THAT HIS SUBSTANCE USE HAS CAUSED HIM ANY FEELINGS OF DEPRESSION. IT SHOULD BE NOTED THAT HE HAS HAD SELF INFLICTED STAB WOUNDS TO HIS CHEST x2, ONE OF WHICH REQUIRED A THORACHOTOMY AND SURGICAL REPAIR. HE REPORTED THAT HE HAS TRIED TO STOP HIS ALCOHOL USE DUE TO GETTING SICK (THROWING UP) BY ATTENDING CHURCH. HE REPORTED HIS LONGEST PERIOD OF ABSTINENCE WAS 6 MONTHS. HE STATED THAT HE DROPPED OUT OF SCHOOL IN THE 9TH GRADE BECAUSE HE "HAD A KID", DENYING THAT HIS SUBSTANCE USE AFFECTED HIS EDUCATION. HE DID REPORT THAT HE WAS FIRED FROM A JOB x1 DUE TO BEING DRUNK. ANDRE ACKNOWLEDGED EXPERIENCING WITHDRAWAL SYMPTOMS INCLUDING INCREASED ANXIETY, CHANGE IN APPETITE AND DEPRESSION. AT FIRST, HE STATED THAT HE "REALLY DOESN'T THINK SUBSTANCE USE HAS AFFECTED MY LIFE" BECAUSE HE DRANK WITH FRIENDS AND HIS GIRLFRIEND BUT AS THE INTERVIEW PROGRESSED, HE SHARED THAT HIS MOTHER HAS ASKED HIM TO QUIT USING, HE GOT LAZY AND STOPPED RIDING HIS BIKE. HE STATED THAT HE USED ALCOHOL TO GO FROM DEPRESSED TO HAPPY BECAUSE HE WAS MORE HAPPY ON ALCOHOL. HE REPORTED THAT HE BEGAN HAVING SYMPTOMS OF SCHIZOPHRENIA AT 18-19 YEARS OLD AND ALCOHOL SEEMED TO DECREASE HIS FEAR OF "PEOPLE LISTENING TO MY THOUGHTS". HE REPORTED THAT HE EXPERIENCES VOICES WHETHER HE IS DRINKING OR NOT BUT "ALCOHOL MAKES THEM SEEM LESS FRIGHTENING."

8497

01834

Report Date: 09/13/2004

Page 3 of 4

North Texas State Hospital
Wichita Falls/Vernon, TX

COPSD ASSESSMENT Inquiry

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): KING CARLA G
Data Entry Date: 07/16/2004

Decreased symptoms of Mental Illness when clean and sober:

HE STATED "I FEEL DIFFERENTLY ABOUT EVERYTHING THAT IS HAPPENING. IT HURTS MORE AND I HAVE MORE STRESS" HOWEVER HE ALSO STATED "I FEEL I AM MORE ABLE TO DEAL WITH THE VOICES."

Substance used to sleep at night: No

Substance used to relax/unwind: Yes

Behavior Associated with Substance Abuse: DWI, DUI, MIP, PI based on substance abuse, Violent/aggressive while under influence, If yes, legal problem related to behavior

Describe:

REPORTED THAT HE HAS HAD MIP x2. HE DENIED THAT HE WAS UNDER THE INFLUENCE OF ANY SUBSTANCES, STATING HE HAD NOT USED ANYTHING FOR 2-3 DAYS PRIOR TO HIS CURRENT CHARGE OF CAPITAL MURDER x3 HOWEVER THE POLICE REPORT INDICATED THAT HE HAD TAKEN LARGE QUANTITIES OF OVER THE COUNTER COLD MEDICINE (POSSIBLY CORICIDIN) AND USED ALCOHOL IN SIGNIFICANT QUANTITIES.

Assessment Comments:

ANDRE THOMAS REPORTED THAT HE USED ALCOHOL DAILY AND MARIJUANA OCCASSIONALLY WITH FRIENDS AND THAT HE EXPERIMENTED WITH CORICIDIN X3 AND COCAINE X1. IT IS BELIEVED THAT HE SIGNIFICANTLY UNDER REPORTED HIS SUBSTANCE USE BASED ON HIS OTHER ASSESSMENTS AND THE INFORMATION THAT HE SHARED DURING THE INTERVIEW. IT IS ALSO EVIDENT THAT HE LACKS INSIGHT OF THE NEGATIVE IMPACT THAT HIS SUBSTANCE USE HAS HAD IN SEVERAL AREAS OF HIS LIFE. IT IS INDICATED IN THE POLICE REPORT THAT HE HAD USED LARGE QUANTITIES OF OVER THE COUNTER COLD MEDICINE AND SIGNIFICANT AMOUNTS OF ALCOHOL AT THE TIME OF HIS CURRENT CHARGE OF CAPITAL MURDER x3. HE DENIES ANY PREVIOUS SUBSTANCE ABUSE TREATMENT BUT DID REPORT THAT HE HAS ATTENDED AA MEETINGS ON A COUPLE OF OCCASSIONS. HE REPORTED THAT HE FIRST BEGAN HAVING SYMPTOMS OF SCHIZOPHRENIA AT THE AGE OF 18-19 YEARS OLD AND THAT HE USED ALCOHOL TO HELP DEAL WITH THESE SYMPTOMS (I.E. VOICES, DELUSIONS).

FINDINGS/RECOMMENDATIONS

Patient has COPSD Condition: Yes

Stage of Treatment: Engagement

Assess Patient understanding of Addiction/Recovery Process:

ANDRE DISPLAYED SOME UNDERSTANDING OF ADDICTION DESCRIBING IT AS "WHEN YOU

8498

01835

Report Date: 09/13/2004

Page 4 of 4

North Texas State Hospital
Wichita Falls/Vernon, TX

COPSD ASSESSMENT Inquiry

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): KING CARLA G
Data Entry Date: 07/16/2004

CAN'T GO WITHOUT SOMETHING." HE DESCRIBED RECOVERY AS "YOU GET TO A POINT YOU DON'T HAVE TO USE ANYMORE."

Assess Patient understanding of Co-Occurring Disorders:

ANDRE DISPLAYED SOME UNDERSTANDING OF CO-OCCURRING DISORDERS AFTER IT WAS EXPLAINED TO HIM AND ACKNOWLEDGED THAT HE COULD SEE HOW IT APPLIED TO HIM.

Assess Patient-Identified Relapse Triggers and Understanding:

ANDRE DESCRIBED RELAPSE AS "YOU RECOVER FOR SO LONG, MESS UP AND GO BACK TO DOING WHAT YOU WERE DOING." HE IDENTIFIED PERSONAL RELAPSE TRIGGERS AS "PEER PRESSURE, BEING STRESSED OUT I.E. HARD DAY AT WORK AND A WAY TO BE MORE SOCIAL, HAVE A GOOD TIME AND PARTY WITH FRIENDS."

Assess Patient Response to COPSD Referral:

ANDRE WAS POLITE AND COOPERATIVE THROUGHOUT THE INTERVIEW AND SEEMED FORTHCOMING WITH INFORMATION, DISPLAYING A "MATTER OF FACT" ATTITUDE. HE STATED "IT MIGHT BE BENEFICIAL TO ME" WHEN QUESTION ABOUT ATTENDING THE COPSD/SUB. ABUSE GROUPS.

Findings/Recommendations Comments:

IT IS APPARENT THAT ANDRE DOES HAVE A CO-OCCURRING DISORDER BASED ON HIS CURRENT DIAGNOSIS OF SUBSTANCE INDUCED PSYCHOTIC DISORDER WITH DELUSIONS, SUBSTANCE INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS AND POLYSUBSTANCE DEPENDENCE. IT IS RECOMMENDED THAT HE ATTEND THE COPSD/SUB. ABUSE GROUPS TO LEARN ABOUT HIS COPSD CONDITION AND GAIN THE SKILLS TO ENGAGE IN A PERSONAL PLAN OF RECOVERY AND RELAPSE PREVENTION.

Signature _____ Date _____

8499

01836

AT008465

Exhibit 97

Probation Case Plan for Andre Thomas

CASE PLAN

NAME: ANDRE THOMAS

LEVEL OF SUPERVISION: LOW PROBATION

THIS PLAN IS IN EFFECT BEGINNING: 8/25/95

CURFEW:

During the above listed times your curfew will be set by a parent or guardian.

REPORTING:

Your reporting schedule is as follows:

Every first Tuesday between 3:00pm and 5:00pm at the Grayson County Courthouse located at 100 W. Houston, Sherman, TX.

ADDITIONAL CONDITIONS:

****Continue to follow all Conditions of Court Ordered Probation**

I have read and understand these conditions and agree to follow them as directed by the Court and the Juvenile Probation Department. I further understand that this Case Plan is subject to modification by both of these agencies. I also acknowledge receipt of a copy of the foregoing plan.

Andre Thomas
Respondent

8-25-95
Date

Parent/Legal Guardian

8-25-95
Date

Michael Polk
Juvenile Probation Officer

8-25-95
Date

9596

02952

Exhibit 98

Grayson County Department of Juvenile Services Chronological Notes

Mon 15-Feb-1999 10:13a

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

1

User: MP

Chronological Notes

12/19/1998 - 02/15/1999

tion: ALL

THOMAS, ANDRE Race: B Sex: M DOB: [REDACTED] PID: 2020

December 22, 1998 PARENT CONTACT by MICKEL POLK

Resp's mth called to advise that resp will not be at the CSR workday bcz she told him it was too cold and she didn't have a way to get him out to the office.mlp

December 28, 1998 HOME VISIT by MICKEL POLK

ASV/PC Resp was not at home. I spoke to his mth Ms. Thomas and she said that she did call and she felt that it was too cold for him. She also stated that resp was at his brother Eric's. I told her to have resp call me when he gets home.

PHON/ Resp called to get his SS# bcz he will work tomorrow at Popeye's Chicken.mlp

January 5, 1999 SCHOOL VISIT by MICKEL POLK

Resp working at Popeyes w/ his bro. Stated that he can't report today bcz he had to work this date. This week he works Mon, & Fri. All is ok at home. Resp was advised to report wed. or thur.mlp

January 15, 1999 SCHOOL VISIT by MICKEL POLK

ASV/ went to SHS to visit resp but he was absent. Resp has missed several days . I placed a print out in his file.mlp

January 29, 1999 SCHOOL VISIT by JEFF PALEFIA

SV by JPO JF spoke with resp , resp in AEP. Advised that he was doing fine, resp still working at Popeyes Chicken, still riding his bike every where. resp seemed very concerned with broth James Thomas whom was in JDC, advised that resp broth would have to take care of his business in order to insure that he helped himself. advised that JPO would tell brot that resp said hello. No prob to report.

February 3, 1999 SCHOOL VISIT by MICKEL POLK

Resp still at AEP he stated that he is working three to four days each week. He stated that he is working mon thru thur. He went on to advise that he cant get a ride out here to report. He rides his bike to work some times.mlp

End of Report...

93015

9653

AT009667

IN: 20-Dec-1998 9:01p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

2

BY: MP

Chronological Notes

04/23/1998 - 12/20/1998

Selection: ALL

THOMAS, ANDRE

Race: B

Sex: M

DOB: [REDACTED]

PID: 2020

July 27, 1998

DETENTION CONTACT

by MICKEL POLK

Met w/ resp in JDC resp stated that he felt that he needed counseling. He stated that he is having trouble keeping his temper. He also stated that he just can't focus when he was in class last year and his grades fell alot. He also talked about having thoughts of suicide. I contacted MHMR and they sent Rodney Hough out to assess resp. He was also placed on suicide watch.

July 29, 1998

COLLATERAL CONTACT

by MICKEL POLK

Rodney Hough advised that he spoke to resp and reported that there was no real danger of resp acting on his ideas. He did state that resp will be referred to counseling. He went on to state that resp may be hyper due to the fast talking doing the interview. He went on to state that if needed they will set up an appt w/ Dr. Johnson to see if resp needs meds to help him. Resp was ok to release to mth. I called resp's mth to come and get him she stated that she didn't have the gas. I told her that I transport resp home.

Resp was transported home by myself and JPO's MW & DB. I spoke to Ms Thomas and advised her of what was going on w resp. She acted as she didn't want to beleive it. I advised I will be getting back w/ her w/ the appmt dates.mlp

September 6, 1998

REPORTING CONTACT

by MICKEL POLK

Resp stated that he still rides his bike. He states that he needs a CSR calander. Went to Plano to bike park and is getting much better.jf/mlp

September 15, 1998

REPORTING CONTACT

by MICKEL POLK

School is no fun. He states that Brian has been in jail for the past 4 months. He will get outb next friday. No probs to report home ok. Nothing to report to JPO. Staying out of trouble.mh/mlp

September 22, 1998

REPORTING CONTACT

by MICKEL POLK

Resp confirmed CSR for 9/26. Hates his bro/ went to csr 09/19 but was'nt on the list. He found out after he left that he could have worked.kt/mlp

September 26, 1998

INDIRECT VISIT

by JEFF PALAFIA

AV by JPO JF resp at CSR Bearcat Stadium, no problems

Note resp came late (1hr) advised thatr he had to give moth gas money for bringing him late, he was approved to attend by CSR Supervisor RG due there being a lack of attendance.

9662

93018

AT009668

Sun 20-Dec-1998 9:01p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

3

User: MP

Chronological Notes

04/23/1998 - 12/20/1998

Selection: ALL

HOMAS, ANDRE	Race: B	Sex: M	DOB: [REDACTED]	PID: 2020
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September 28, 1998 REPORTING CONTACT by MICKEL POLK

No probs at home. Failed 3 classes bcz being absent alot. Bringing his grades up this 6 weeks. Gave CSR calander and advised to call JPO.cb/mlp

October 6, 1998 REPORTING CONTACT by MICKEL POLK

Resp is doing good no probs at home. Riding bike alot.mlp

October 13, 1998 REPORTING CONTACT by MICKEL POLK

Resp states that he forget to call to check in last thursday. Reports no probs at home. States that he is getting along w/ family. He states that he stays away from James bcz he is stupid & he states that "tylt" he states that there no problems. Resp states that he got a new bike frame for his bike.mh/mlp

October 27, 1998 REPORTING CONTACT by MICKEL POLK

Resp states he has been practicing alot on his bike, he states that he is going to make a video to send off to see if he can get a sponsor. Resp stated they will give him free cloths. Told resp that I hope to see him on tv.mh/mlp

November 4, 1998 REPORTING CONTACT by MICKEL POLK

Resp was given CSR calander. No ? for PO school going good. Told resp attend seminar @ boot camp .mlp

November 10, 1998 REPORTING CONTACT by MICKEL POLK

resp states he missed school bcz he was sick. He went on to say he got a new pedals for his bike. He practicing a new trick. Home ok no problems. Was given CSR calander and told to be at nov 21 CSR.mlp

November 11, 1998 REPORTING CONTACT by MICKEL POLK

Resp is to be at CSR and was told that he will be picked up if he didn't show this saturday 11/21/98. He had a poor attitude.mlp

November 17, 1998 SCHOOL VISIT by MICKEL POLK

ASV/ attempted SV on resp he was not there. I had the school print up a attendance record. Resp has missed several days and has not called to advise this dept of his absentes. Spoke w/ team 3 and it was agreed that a directive should be issued.mlp

December 24, 1998 REPORTING CONTACT by MICKEL POLK

Resp stated that he just talked to the Sheriff. He states that all is ok

9661

03017

AT009669

M 26-Dec-1998 9:01p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

4

er: MP

Chronological Notes

04/23/1998 - 12/26/1998

Section: ALL

THOMAS, ANDRE Race: B Sex: M DOB: [REDACTED] PID: 2020

November 24, 1998 REPORTING CONTACT by MICKEL POLK continued

at home and school.mlp

December 1, 1998 REPORTING CONTACT by MICKEL POLK

Resp has 4:00 interview at Popey's today came to report at 3:45pm. Will not be able to work more than 20 hrs per week bcz he is 14 yoa.kt/mlp

December 2, 1998 STANDARD NOTE by MAJELLA WILDER

RESP CALLED IN TO GET THE TOTAL AMOUNT DUE ON RESTITUTION AND FEES. GAVE HIM THE INFO.

December 2, 1998 SCHOOL VISIT by DARLA BULLARD

SV BY JPO'S DB, AND MW. RESP STATED THAT HE GOES TO SHERMAN YOUTH CENTER SOMETIMES AFTER SCHOOL AND AFTER REPT. BECAUSE THEY HAVE A PLAY STATION. RESP. STATED THAT HE WAS THINKING OF GETTING A TATTOO, BUT HAS TALKED HIMSELF OUT OF IT. RESP STATED THAT HIS GRADES ARE GOING UP. WENT TO COURT ON FRI. FOR TRUANCY, HE HAS TO GO TO COUNCIL CLASSES OVER BY PIGGL WIGGLY @ 5:30 ON TUES. FOR 6 WKS. RESP STATED THAT HE HAD A INTERVIEW AT POPEYES CHICKEN, IF HE GETS THE JOB HE WOULD BE WORKING 20 HRS OR LESS A WEEK. SUPPOSED TO FIND OUT IF HE GETS THE JOB TODAY AND WILL CALL JPO MP TO LET HIM KNOW IF HE GETS IT.

December 7, 1998 SCHOOL VISIT by MICKEL POLK

Resp still is iss for tardies. He states he is getting a lot of work done. Gave resp CSR calander.mlp

December 8, 1998 REPORTING CONTACT by MICKEL POLK

Resp in AEP bcz he had too many tardies. No contact w/ police. mlp

December 9, 1998 SCHOOL VISIT by MICKEL POLK

Resp at school states that he saw a fight at school all is ok at home. nothing new going on. Talked to resp about the CSR on 12/21 and advised he be there.mlp

December 15, 1998 SCHOOL VISIT by MICKEL POLK

Resp still working is iss. He states that all is good at home. Wants to get a new bike. Not working but may get to work at Popeye's w bro some-times.mlp

MP

03016

9660

AT009670

On 20-Dec-1998 9:01p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

1

Per: MP

Chronological Notes

04/23/1998 - 12/20/1998

tion: ALL

THOMAS, ANDRE	Race: B	Sex: M	DOB: [REDACTED]	PID: 2020
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April 23, 1998	PHONE CALL	by MICKEL POLK
----------------	------------	----------------

Resp checking in by phone.mlp

April 28, 1998	PHONE CALL	by MICHAEL HICKS
----------------	------------	------------------

TO JPO MICHAEL HICKS FROM RESP. HE ASK WHY HE IS NOT ALLOWED TO BE AROUND LAURA BOREN. HE STATES THAT HE WAS NOT EVEN INVOLVED IN THE INCIDENT. ADVISED HIM THAT THE CONDITIONS OF HIS PROBATION STATES THAT HE IS NOT ALLOWED TO BE AROUND ANY ON WHO IS ON PROBATION/PAROLE OR CURRENTLY DEALING WITH DEPT. ADVISED RESP THAT I DID NOT APPRECIATE HIS HOSTILE MANNER IN MAKING THIS CALL. WOULD HAVE RESP CALL HIS JPO MIKE POLK BUT RESP HUNG UP. MH

April 28, 1998	REPORTING CONTACT	by MICKEL POLK
----------------	-------------------	----------------

Resp asked about CSR calander. Nothing to report.jf/mlp

May 18, 1998	REPORTING CONTACT	by MICKEL POLK
--------------	-------------------	----------------

Resp's bike was stolen last weekend but he got it back yesterday. Didn't get JTPA form turned. He wants to get a permit at the Health Dept for \$25 and work year round.mlp

May 19, 1998	SCHOOL VISIT	by MICKEL POLK
--------------	--------------	----------------

Resp at school but late he has been late on several occasions. Advised resp to get to school on time. I also advised resp to get JTPA paperwork completed. He stated that he did. I told him to leave it w\ Mrs Limbert and I will pick it up.mlp

May 26, 1998	REPORTING CONTACT	by MICKEL POLK
--------------	-------------------	----------------

Resp was advised to be at home tomorrow to fill out JTPA form for summer job. He stated that his mth is not working and can't pay fees. I then reminded resp that's why he need to work in the JTPA program.mlp

June 18, 1998	STANDARD NOTE	by MICKEL POLK
---------------	---------------	----------------

Resp has been removed from ISP sucessfully and placed on High Probation.mlp

July 27, 1998	COLLATERAL CONTACT	by MICKEL POLK
---------------	--------------------	----------------

TC/ from JPO DN to advise that resp had walked off the CSR worksite and cursed her when she asked her to come back. I spoke to Dir/BB and told him what happened. He advised that could bring resp in for Disorderly Conduct Language. Myself/Caseworker Bruner & JPO JF transported resp to JDC. Resp's mth was advised her that resp was in custody. I told her that I would call her when I was going to release resp.mlp

9563

03219

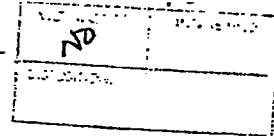
AT009671

Exhibit 99

Texas Department of Public Safety Record re Public Intoxication of James Thomas

COPIES PRINTED:
Aug 28 1995

INCIDENT REPORT
SHERMAN POLICE DEPARTMENT
317 S TRAVIS



Incident # 9506950 Case # Document #

Arrestee:

THOMAS, JAMES CALVIN

STUDENT 6TH
SHERMAN ISD-DILLINGHAM
LOY LAKE RD
SHERMAN TX 75090

AGE: 13 SEX: M
RACE: B
DOB: [REDACTED]
DL#: [REDACTED]
SS#: [REDACTED]

Offense : PUBLIC INTOXICATION UCR Code : 22
Date : 08/26/95 Time : 12:05M-
Location : 220 ARCHER
Weapon :
M / D : Dept Code: J

ARREST NARRATIVE: THOMAS, JAMES MAULDIN 040 024

I, Mauldin #040, was dispatched to 220 archer reference child on a red bike sniffing lighter fluid. When I arrived I found the red bike on the bank of the creek behind 220 Archer. I found listed subject in the creek below the bike. When he saw me he dropped something in the muddy water of the creek. Subject could barely speak and he had the strong odor of lighter fluid on his breath. The subject was intoxicated and a danger to himself. I transported him to the station.

Parent contacted by W. Jones 038 at 1230 hrs 08-26-95.

<<< Segment 2 >>>

FOLLOW-UP NARRATIVE: PUBLIC INTOX 08/28/95 0800 HRS DITTFURTH 024

Case referred to Juvenile Probation Department.

Officer 1: MAULDIN, CHUCK - 040 Officer 2: DITTFURTH, SANDY - 024
Disposition Code : ACJ

6399

03776-

Exhibit 100

Sherman Police Department Incident Report re assault by James Thomas

Aug 31 1995

INCIDENT REPORT

SHERMAN POLICE DEPARTMENT
317 S TRAVIS

7-1 VICTIM LETTER NO	7-2 INTAKE FIELD
DISPOSITION:	

Incident # 9507043

Case #

Document #

Complainant:

SHERMAN ISD - PINER
402 W PECAN
SHERMAN TX 75090
893-4395

SC MIDDLE SCHOOL
SHERMAN ISD
120 W KING
SHERMAN
892-9115

AGE: SEX:
RACE:
DOB:
DL#:
SS#:

Victim:

MEADOWS, ANITA
402 W PECAN
SHERMAN TX 75090
893-4395

ASST PRINCIPAL
SHERMAN ISD-PINER
402 W PECAN
SHERMAN TX
893-4395

AGE: 35 SEX:
RACE:
DOB: 03/11/60
DL#:
SS#:

WORTHAM, SCOTT

402 E CHERRY
SHERMAN TX 75090
893-4395

ASST PRINCIPAL
SHERMAN ISD-PINER
402 W PECAN
SHERMAN TX

AGE: SEX:
RACE:
DOB:
DL#:
SS#:

Suspect:

THOMAS, JAMES CALVIN

STUDENT 7TH
SHERMAN ISD-PINER
402 W PECAN
SHERMAN TX 75090

AGE: 13 SEX: M
RACE: B
DOB: [REDACTED]
DL#:
SS#:

Offense : ASSAULT CLASS C

Date : 08/30/95

Location : 402 W PECAN

Weapon :

M / O : JUVENILE ASSAULTED VICTIMS

UCR Code : 04E

Time : 14:30M-

Dept Code: J

OFFENSE NARRATIVE: 08/30/95 1000, KELLEY 046, 095

BOTH VICTIMS TO THIS COMPLAINT ARE ASSISTANT PRINCIPALS AT PINER. SUSPECT IS 7TH GRADE STUDENT WHO HAS BEEN OUT OF SCHOOL FOR THE PAST COUPLE OF DAYS. ON THIS DATE, SUSPECT WAS BROUGHT BACK TO SCHOOL BY KEISHA TISDELL, JUVENILE PROBATION OFFICER. VICTIMS RELATE THAT AFTER MISS TISDELL LEFT, THEY WERE GOING TO ACCOMPANY SUSPECT TO THE ALTERNATIVE CLASSROOM. UPON THEIR ADVISING SUSPECT OF THIS, HE FELL TO THE FLOOR IN MISS MEADOWS OFFICE. THEY THEN ATTEMPTED TO LIFT SUSPECT FROM THE FLOOR, AT WHICH TIME SUSPECT BEGAN TO KICK AND PUNCH AT VICTIMS. THIS CONTINUED UNTIL THEY FINALLY HAD TO PHYSICALLY RESTRAIN HIM.

JUVENILE PROBATION WAS THEN RE-CONTACTED. WHEN SUSPECT HEARD THIS, HE RAN OUT OF MISS MEADOWS OFFICE AND OFF CAMPUS. SUSPECT THEN LATER RETURNED TO SCHOOL AND SNEAKED INTO THE ALTERNATIVE CLASSROOM. AT THAT TIME MIKE POLK OF JUVENILE PROBATION CAME TO PINER AND TOOK CONTROL AND POSSESSION OF JUVENILE, TAKING HIM TO JDC.

<<< Segment 2 >>>

03773

FOLLOW-UP NARRATIVE: ASSAULT C 08/31/95 1513 HRS DITTFURTH 024

AT006388

Page Printed:
Aug 31 1995

INCIDENT REPORT

SHERMAN POLICE DEPARTMENT
317 S TRAVIS

Case referred to Juvenile Probation Department. Suspect currently on Juvenile Probation.

Officer 1: KELLEY, MARK - 046

Officer 2: DITTFURTH, SANDY - 024

Disposition Code : XCJ

6397

03774

Aug 28 1995

INCIDENT REPORT

SHERMAN POLICE DEPARTMENT
317 S TRAVIS

VICTIM LETTER	9-5-95
DISPOSITION	

Incident # 9506981

Case #

Document #

Arrestee:

THOMAS, JAMES CALVIN

STUDENT 6TH
SHERMAN ISD-DILLINGHAM
LOY LAKE RD
SHERMAN TX 75090

AGE: 13 SEX: M
RACE: B
DOB: [REDACTED]
DL#: [REDACTED]
SS#: [REDACTED]

Offense : JUVENILE WARRANT

UCR Code : 26

Date : 08/28/95

Time : 06:06M-

Location : 317 S TRAVIS

Weapon :

Dept Code: J

M / O :

ARREST NARRATIVE: THOMAS, JAMES CALVIN./BELL 092, 031

SUBJECT THOMAS WAS BROUGHT TO THE STATION BY HIS MOTHER. SHE KNEW OF HIS OUTSTANDING WARRANT. SUBJECT THOMAS WAS TAKEN INTO CUSTODY AT THIS TIME AND A JUVENILE DETENTION REPORT FILLED OUT. SUBJECT THOMAS WAS TRANSPORTED TO JDC AT THIS TIME.

Officer 1: BELL, LARRY - 092
Disposition Code : ACJ

Officer 2: CARTER, TOMMY - 031

6398

03775

Exhibit 101

Sherman ISD Records

NORM-REFERENCED ASSESSMENT PROGRAM FOR TEXAS
CONFIDENTIAL STUDENT LABEL

THOMAS ANDRE L
 TEST DATE APRIL 1992 GRADE 3 SEX M
 BASE NORMS SPRING 1991 BIRTHDATE [REDACTED]
 FORM 1 STUDENT-ID (PEIMS): [REDACTED]

Printed by IPC. © 1992, The Riverside Publishing Co. and Texas Education Agency

SCORE TYPE	Spelling	Capitalization	Punctuation	Usage & Express.	Idiom Language	Concepts	Problem Solving	Computation	Total Math	Social Studies	Science	Composite
RS	25	20	16	25	25	24	19	30	115	23	20	126
SS	133	126	114	128	125	122	110	113	145	131	131	126
GE	5.9	5.2	4.3	5.6	5.2	4.9	4.0	4.2	6.9	5.7	5.3	5.3
N/PR-S	93-8	84-7	62-6	80-7	84-7	85-7	61-6	73-6	78-7	92-8	81-7	92-8
N/NCE	81.1	71.0	56.7	67.9	70.7	72.1	55.9	63.0	66.1	79.3	68.8	80.2

TAAS CONFIDENTIAL

TEST DATE: 05/93
 STUDENT: THOMAS ANDRE L
 BIRTH DATE: [REDACTED]
 STUDENT ID (PEIMS): [REDACTED]
 DISTRICT: 091-906 SHERMAN ISD
 CAMPUS: 105 FAIRVIEW EL

SCALE MET MINIMUM
 SCORE EXPECTATIONS
 WRITING 2010 YES
 READING 1780 YES
 MATHEMATICS 1610 YES

NORM-REFERENCED ASSESSMENT PROGRAM FOR TEXAS
OTIS-LENNON SCHOOL ABILITY TEST, SIXTH EDITION

THOMAS ANDRE L
 TEST DATE APRIL 1992 GRADE 3 SEX M
 BASE NORMS SPRING 1991 BIRTHDATE [REDACTED]
 FORM 1 STUDENT-ID (PEIMS): [REDACTED]
 OLSAT 1988 NORMS SPRING NATIONAL LEVEL D FORM 1
 © 1992 by TEA © 1989 by IPC Hares © 1992 by Riverside Publishing Co. All rights reserved.

SCORE TYPE	Spelling	Capitalization	Punctuation	Usage & Express.	Idiom Language	Concepts	Problem Solving	Computation	Total Math	Social Studies	Science	Composite
RS	25	20	16	25	25	24	19	30	115	23	20	126
N/PR-S	93-8	84-7	62-6	80-7	84-7	85-7	61-6	73-6	78-7	92-8	81-7	92-8
N/NCE	81.1	71.0	56.7	67.9	70.7	72.1	55.9	63.0	66.1	79.3	68.8	80.2
AAC	HIGH	HIGH	MID	HIGH	HIGH	HIGH	MID	MID	HIGH	HIGH	HIGH	HIGH

THOMAS, ANDRE L.	STUDENT NAME	104143	OB	ADVISOR	STUDENT ID. NO.	GRADE	PINER	SCHOOL NAME	1077-48	GRADE	1st SEM	2nd SEM	CREDIT
G/T ENG.	68	64	66	68	64	66	68	68	64	66	68	68	68
READING B	77	59	68	77	59	68	77	59	68	77	59	68	77
PRE-ALG. B	57	50	54	57	50	54	57	50	54	57	50	54	57
EAR. SCI B	50	F	24	50	F	24	50	F	24	50	F	24	50
G/T US HIS	64	F	32	64	F	32	64	F	32	64	F	32	64
PHYS. ED.	71	65	68	71	65	68	71	65	68	71	65	68	71
ART B	74	D	37	74	D	37	74	D	37	74	D	37	74
Pleced	97			97			97			97			97
TOTAL CREDITS FOR YEAR	97-98	GRADE	OB	CUM CREDIT	1.5								
YR	97-98	GRADE	OB	CUM CREDIT	1.5								
ON UP	18.016.034.0	9/15/97	8/07/97	9/15/97									

NORM-REFERENCED ASSESSMENT PROGRAM FOR TEXAS
CONFIDENTIAL STUDENT LABEL

THOMAS ANDRE L
 TEST DATE APRIL 1993
 BASE NORMS SPRING 1992
 FORM 2

GRADE 4 SEX M
 BIRTHDATE [REDACTED]
 STUDENT-ID (PEIMS): [REDACTED]
 CAMPUS: FAIRVIEW EL
 DISTRICT: SHERMAN ISD

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SCORE TYPE	Reading Comprehension	Mathematics Concepts	Mathematics Problem Solving	Total Mathematics	Reading Mathematics Composite	Language	Reading Math Lang Composite	Social Studies	Science
RS	34	50	25	229	235	22	225	28	25
SS	241	211	247	7.0	7.4	204	6.6	7.6	229
GE	8.1	5.6	8.7	7.0	7.4	5.0	6.6	6.6	5.9
N/PR-S	90-8	71-6	93-8	87-7	90-8	55-5	82-7	90-8	81-7
N/NCE	76.6	61.5	81.2	73.5	77.1	52.8	69.0	77.0	68.3

TAAS CONFIDENTIAL

TEST DATE: 05/94
 STUDENT: THOMAS ANDRE L
 STUDENT ID (PEIMS): [REDACTED] DOB: [REDACTED]
 DISTRICT: 091-906 SHERMAN ISD
 CAMPUS: 102 DILLINGHAM INT

READING MATHEMATICS
 TLI 5-84
 EXPECT. ALL OBJ. YES
 MASTER 5-65 NO

TEST DATE: 05/96
 STUDENT: THOMAS ANDRE L

CONFIDENTIAL

03523

6166

M <input checked="" type="checkbox"/>	BIRTH DATE		PLACE OF BIRTH
F <input type="checkbox"/>	Mo. 3	Day [REDACTED]	Mustogee, Oklahoma
		Year [REDACTED]	#135 83-014223

Mother Rochelle Marie Ross Thomas

(☒) Mother () Father
() other - specify:

[illegible]

6168

AT006458

422.3

25

[illegible]

<p>GRADE <u>2</u></p> <p>19 <u>90</u>, <u>91</u></p> <p>Average grades at WD/End of Year (1-100)</p> <p>Reading _____</p> <p>Language A. <u>76</u></p> <p>Mathematics <u>74</u></p> <p>Science/Health <u>94</u></p> <p>Social Studies <u>82</u> (S, U)</p> <p>Physical Ed. <u>S</u></p> <p>Art <u>S</u></p> <p>Music <u>S</u></p> <p>Special/Support Services: <u>G/T</u></p>	<p>GRADE <u>3</u></p> <p>19 <u>91</u>, <u>92</u></p> <p>Average grades at WD/End of Year (1-100)</p> <p>Reading _____</p> <p>Language A. <u>94</u></p> <p>Mathematics <u>88</u></p> <p>Science/Health <u>87</u></p> <p>Social Studies <u>93</u> (S, U)</p> <p>Physical Ed. <u>S</u></p> <p>Art <u>S</u></p> <p>Music <u>S</u></p> <p>Special/Support Services: <u>Challenge</u></p>	<p>GRADE <u>4</u></p> <p>19 <u>92</u>, <u>93</u></p> <p>Average grades at WD/End of Year (1-100)</p> <p>Reading _____</p> <p>Language A. <u>88</u></p> <p>Mathematics <u>84</u></p> <p>Science/Health <u>86</u></p> <p>Social Studies <u>84</u> (S, U)</p> <p>Physical Ed. <u>S</u></p> <p>Art <u>S</u></p> <p>Music <u>S</u></p> <p>Special/Support Services: <u>Challenge</u></p>	<p>GRADE _____</p> <p>19 _____, _____</p> <p>Average grades at WD/End of Year (1-100)</p> <p>Reading _____</p> <p>Language A. _____</p> <p>Mathematics _____</p> <p>Science/Health _____</p> <p>Social Studies _____ (S, U)</p> <p>Physical Ed. _____</p> <p>Art _____</p> <p>Music _____</p> <p>Special/Support Services: _____</p>
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~~6169~~

03526

IE LABELS HERE

AAAS CONFIDENTIAL

TEST DATE: 05/96
STUDENT: THOMAS ANDRE L.
STUDENT ID (PEIMS): [REDACTED] DOB: [REDACTED]
DISTRICT: 091-906 SHERMAN ISD
CAMPUS: 042 PINER MIDDLE

GRADE 07

NET MIN. MASTER
TLI EXPECT. ALL OBJ.
READING 7-92 YES YES
MATH 7-68 NO

THOMAS, ANDRE L.

STUDENT NAME

104143 07

STUDENT I.D. NO. GRADE ADVISOR

PINER

SCHOOL NAME

GRADE 07 1995-96

ABBREVIATED COURSE NAME	1ST SEM GRADE	2ND SEM GRADE	Credit
ENGLISH	67	62	65
SPEECH	62		62
READING 7	80	82	81
MATH 7	53	68	61

LIFE SCI 57 53 55

HISTORY 7 57 59 58

Retained 7th

COMLIT 7B 60 60

PRIN TECH 70 70

LIFE SKLS 53 53

TOTAL CREDITS FOR YEAR 3.0

YR 95-96 GRADE 07

CUM CREDIT

GPA CLASS RANK OIL
CUM GP REGULAR SCHOOL YEAR ABSENCES
4.012.016.0

ENTERED 8/09/95 WITHDREW

REASON

ENTERED WITHDREW

REASON

AAAS CONFIDENTIAL

TEST DATE: 04/97
STUDENT: THOMAS ANDRE L.
STUDENT ID (PEIMS): [REDACTED] DOB: [REDACTED]
DISTRICT: 091-906 SHERMAN ISD
CAMPUS: 042 PINER MIDDLE

GRADE 07

NET MIN.
TLI EXPECT.
READING 7-59 NO
MATH 7-61 NO

THOMAS, ANDRE L.

STUDENT NAME

104143 07

STUDENT I.D. NO. GRADE ADVISOR

PINER

SCHOOL NAME

GRADE 07 1996-97

ABBREVIATED COURSE NAME	1ST SEM GRADE	2ND SEM GRADE	Credit
ENGLISH 7	76	66	71
RDG. EN 7	70	67	69
SPEECH 7TH	50		50
MATH 7	62	56	59

LIFE SCI 7 65 55 60

TX HIST 7 79 87 83

TH ARTS 7 63 67 65

COMP. LIT 7 76 76

TOTAL CREDITS FOR YEAR 2.1

YR 96-97 GRADE 07

CUM CREDIT

GPA CLASS RANK OIL
CUM GP REGULAR SCHOOL YEAR ABSENCES
24.012.036.0

ENTERED 9/03/96 WITHDREW

REASON

ENTERED WITHDREW

REASON

6170

03527

SS#

AT006161

APPLICATION FOR WITHDRAWAL

SHERMAN INDEPENDENT SCHOOL DISTRICT
P.O. BOX 1176
SHERMAN, TEXAS 75091
PHONE- 903-892-9115 FAX-903-868-2956

DATE OF WITHDRAWAL 9-19-97
SCHOOL JDC

NAME OF STUDENT Andre Thomas STUDENT ID: _____ GRADE LEVEL 8

DATE OF BIRTH: _____ PHONE: _____ ADDRESS: _____ SEX: M

REASON: _____

TRANSFERRED TO: SCHOOL OR TOWN _____

ELEMENTARY: BASIC READER _____ LEVEL: _____

I CERTIFY THAT THE REASON FOR WITHDRAWAL IS ACCURATE, AS WRITTEN ABOVE.

[Signature]
PARENT/GUARDIAN

PRINCIPAL

SCHOLASTIC RECORD TO DATE

PERIOD	SUBJECT	SIGNATURE OF TEACHER	GRADE	DAYS ABSENT PRESENT	FEES DUE/ECT. BOOKS NOT RETURNED	REMARKS
H.R.	HOMEROOM					
1	Math	<u>K. Johnson</u>	<u>80</u>	<u>4</u>	<u>Clear</u>	
2	Am. History	<u>K. Johnson</u>	<u>80</u>	<u>4</u>	<u>Clear</u>	
3	Earth Science	<u>K. Johnson</u>	<u>80</u>	<u>4</u>	<u>Clear</u>	
4	Lang./Read.	<u>K. Johnson</u>	<u>80</u>	<u>4</u>	<u>Clear</u>	
5	P.E.	<u>K. Johnson</u>	<u>100</u>	<u>4</u>	<u>Clear</u>	
6						
7						
8	LIBRARIAN					
9	COUNSELOR					

A COMPLETE TRANSCRIPT WILL BE SENT TO THE RECEIVING SCHOOL UPON REQUEST.

IMMUNIZATION RECORD

DT _____ MEASLES _____ POLIO _____ RUBELLA _____ MMR _____

STUDENT WAS IN THE FOLLOWING:

Special Education _____
Self Contained _____
Resource _____ (Hours _____)
Speech _____
Chapter 1 Reading _____
Gifted/Honors _____
ESL _____
State Compensatory _____

6174

WITHDRAWAL CODE

A-DISPLINARY ACTION
B-MOVED W/O PARENTS SIGNATURE ON FORM
D-DECEASED
E-MID-TERM SUMMER GRADUATE
F-PARENT REQUEST
G-TAKE GED FOR DIPLOMA
H-NEEDED AT HOME
J-RUNAWAY
M-MOVED OUT OF DISTRICT
N-MARRIED STUDENT
P-PREGNANT
U-UNKNOWN
S-DID NOT RETURN IN FALL
T-TRANSFERRED OUT OF DISTRICT (DIDNT MOVE)
V-TO ENTER TECHNICAL OR VOCATIONAL TRAINING
W-WITHDREW TO PURSUE A JOB
X-NON ATTENDANCE

03531

DP-3

REVISED 2/9

AT006162

3/30/04 FY 00 SHERMAN INDEPENDENT SCHOOL DISTRICT 10:01:36 CODP00S1
 SMSTX Registration and Enrollment Information Ref: STU.360 .11
 Student No: 104143 ANDRE L. THOMAS MALE Age: 21
 WITHDRAW/SCH Class: 12 Year: 00 Phone:

Locker: _____ Counselor: _____

Homeroom: _____ Homeroom Teacher: _____

Morning Bus: _____ Afternoon Bus: _____

Maintain Student Dropout Data?: ☐

Date	Code	Register	Comment	Load	School	District
8/05/99	O	010 1	ENROLLED - JDC	1	035	906
8/23/99	G	010 1	TAKE GED FOR DIP		035	906

Cancel? N

6176

03533



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: ANDRE L. THOMAS

DISTRICT: 091-906 SHERMAN ISD

STUDENT-ID(PEIMS): [REDACTED]

CAMPUS: 105 FAIRVIEW EL

LOCAL-STUDENT-ID:

REPORT DATE: MAY 1993

DATE OF BIRTH: [REDACTED]

DATE OF TESTING: SPRING 1993

CLASS GROUP: WINEGARDEN

GRADE: 04

THIS REPORT PROVIDES YOU WITH RESULTS FROM THE TEXAS ASSESSMENT OF ACADEMIC SKILLS PROGRAM. THESE RESULTS ARE DESIGNED TO HELP PARENTS, STUDENTS, AND TEACHERS IDENTIFY STUDENTS' STRENGTHS AND WEAKNESSES IN WRITING, READING, AND MATHEMATICS.

WRITING		OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	MET MINIMUM EXPECTATIONS:	PERFORMANCE REQUIREMENTS
WRITTEN COMMUNICATION				YES	MINIMUM EXPECTATIONS SCALE SCORE: 1500 and WRITTEN COMPOSITION 2, 3, or 4 OBJECTIVE MASTERY OBJ. 1-4 COMPOSITION: 3 or 4 OBJ. 5, 7: 8/10 OBJ. 6: 6/8
4. NARRATIVE WRITTEN COMPOSITION RATING: 4					
5. SENTENCE CONSTRUCTION		YES	10/10	YES	MINIMUM EXPECTATIONS SCALE SCORE: 1500 OBJECTIVE MASTERY OBJ. 1,3,4: 5/6 OBJ. 2: 6/8 OBJ. 5: 8/10 OBJ. 6: 3/4
6. ENGLISH USAGE		YES	8/8		
7. USE OF SPELLING, CAPITALIZATION, AND PUNCTUATION		NO	7/10		
TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED: 2			TOTAL ITEMS: 25/28	SCALE SCORE: 2010	
READING		OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	MET MINIMUM EXPECTATIONS:	PERFORMANCE REQUIREMENTS
READING COMPREHENSION				YES	MINIMUM EXPECTATIONS SCALE SCORE: 1500 OBJECTIVE MASTERY OBJ. 1,3,4: 5/6 OBJ. 2: 6/8 OBJ. 5: 8/10 OBJ. 6: 3/4
WORD MEANING		YES	6/6		
SUPPORTING IDEAS		YES	8/8		
SUMMARIZATION		YES	6/6		
RELATIONSHIPS AND OUTCOMES		NO	4/6		
INFERENCES AND GENERALIZATIONS		YES	9/10		
POINT OF VIEW, PROPAGANDA, AND FACT AND NONFACT		YES	4/4		
TOTAL OBJECTIVES MASTERED: 5			TOTAL ITEMS: 37/40	SCALE SCORE: 1780	
MATHEMATICS		OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	MET MINIMUM EXPECTATIONS:	PERFORMANCE REQUIREMENTS
CONCEPTS				YES	MINIMUM EXPECTATIONS SCALE SCORE: 1500 OBJECTIVE MASTERY OBJ. 1-9, 11-12: 3/4 OBJ. 10: 5/6
NUMBER CONCEPTS		YES	4/4		
ALGEBRAIC/MATHEMATICAL RELATIONS AND FUNCTIONS		YES	3/4		
GEOMETRIC PROPERTIES AND RELATIONSHIPS		YES	4/4		
MEASUREMENT CONCEPTS		YES	3/4		
PROBABILITY AND STATISTICS		YES	4/4		
OPERATIONS					
USE OF ADDITION TO SOLVE PROBLEMS		YES	4/4		
USE OF SUBTRACTION TO SOLVE PROBLEMS		NO	2/4		
USE OF MULTIPLICATION TO SOLVE PROBLEMS		YES	3/4		
USE OF DIVISION TO SOLVE PROBLEMS		YES	3/4		
PROBLEM SOLVING					
13. PROBLEM SOLVING: ESTIMATION/REASONABLENESS		YES	5/6		
PROBLEM SOLVING USING SOLUTION STRATEGIES		YES	3/4		
PROBLEM SOLVING USING MATHEMATICAL REPRESENTATION		YES	3/4		
TOTAL OBJECTIVES MASTERED: 11			TOTAL ITEMS: 41/50	SCALE SCORE: 1610	

 S NO.
 026-03437-03804

SHOULD CONTACT THE SCHOOL DISTRICT TO WHICH YOUR RESULTS WERE SENT IF YOU DESIRE FURTHER EXPLANATION.

6177

03534

NAME THOMAS ANDRE L
 CLASS IMBERT
 SCHOOL WAKEFIELD
 SPEC. CODES

DISTRICT SHERMAN ISD
 CITY/STATE SHERMAN TX
 RUN DATE 04/30/89

FORM/LEVEL U/A
 GRADE K-6
 TEST DATE 03/89

of Basic Skills

Individual Test Record

004
 004

	NCR	SS	DMS	NP	NATIONAL PERCENTILE																						
VISUAL RECOGNITION	16	414	2/3	54																							
SOUND RECOGNITION	17	456	3/3	95																							
VOCABULARY	13	382	3/4	81																							
COMPREHENSION	14	457	3/3	86																							
TOTAL READING	27	420		84																							
MATH CONCEPTS & APPL.	14	523	2/2	92																							

NCR = NUMBER OF ITEMS
 CORRECT
 SS = SCALE SCORE
 DMS = OBJECTIVE MASTERY
 SCORE
 NP = NATIONAL
 PERCENTILE

03535

NO. ITEMS NOT REACHED	OBJECTIVE MASTERY SCORES	STANINE	NON-MASTERY (-1)	PARTIAL KNOWLEDGE	MASTERY (+1)
VISUAL RECOGNITION	0 +	00			
01 SINGLE LETTERS	0 +	00			
02 UPPER-/LOWER-CASE PAIRS	0 +	00			
03 LETTER GROUPS/WORDS	0 +	00			
SOUND RECOGNITION	0 +	00			
04 SAME/DIFFERENT WORDS	0 +	00			
05 INITIAL CONSONANTS	0 +	00			
06 RHYMING WORDS	0 +	00			
VOCABULARY	0 +	00			
20 ORAL CATEGORIES/PICTURES	0 +	00			
21 ORAL DEFINITIONS/PICTURE	0 +	00			
22 ORAL CATEGORIES/WORDS	0 +	00			
23 ORAL DEFINITIONS/WORDS	0 +	00			
ORAL COMPREHENSION	0 +	00			
07 SENTENCE MEANING/PICTURE	0 +	00			
08 PASSAGE DETAIL/PICTURES	0 +	00			
09 PASSAGE ANALYSIS/PICTURE	0 +	00			
MATH CONCEPTS/APPLICATIONS	0 +	00			
68 NUMERATION	0 +	00			
74 MEASUREMENT/GEOMETRY	0 +	00			

6123

CTB ID = 80989-1756-005-004
 Score Codes
 - Maximum/Minimum Score Possible For Level
 A - No Valid Attempt

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AT000165

AME THOMAS ANDRE L
LASS ODOM H H
CHOO WAKEFIELD EL
SPEC. CODES

DISTRICT SHERMAN ISD
CITY/STATE SHERMAN
RUN DATE 05/13/90

TX

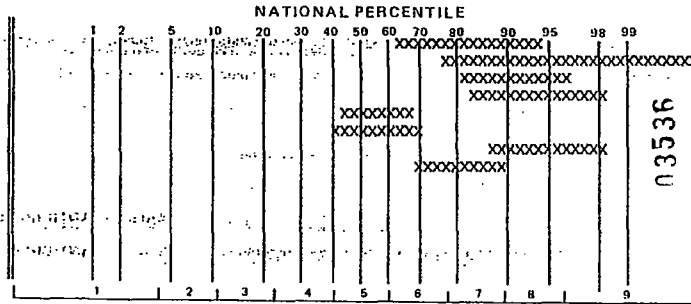
FORM/LEVEL U/C
GRADE 01.7
TEST DATE 04/90

of Basic Skills

Individual Test Record

004501
004131

	NCR	SS	GE	NCE	OHS	NP
ORD ATTACK	29	607	X	66	5/5	78
OCABULARY	* 25	*598	3.0	* 79	4/4	* 92
OMPREHENSION	24	591	3.0	79	3/3	91
OTAL READING	49	595	3.0	81		93
ANGUAGE EXPRESSION	15	443	1.7	52	4/5	54
ATH COMPUTATION	17	423	1.7	52	2/2	55
ATH CONCEPTS & APPL.	24	656	4.7	85	3/3	95
OTAL MATH	41	540	2.3	67		79



NCR = NUMBER OF ITEMS
CORRECT
SS = SCALE SCORE
GE = GRADE EQUIVALENT
NCE = NORMAL CURVE
EQUIVALENT
OHS = OBJECTIVE MASTER
SCORE
NP = NATIONAL
PERCENTILE

NO. ITEMS NOT REACHED		OBJECTIVE MASTER SCORES		NO. ITEMS NOT REACHED	
ORD ATTACK					
11 INITIAL CONSONANT/WORDS	0 +	00		45 NOUNS	0 +
12 FINAL CONSONANT/WORDS	0 +	00		47 VERBS	0 +
13 CLUSTER OR DIGRAPH/WORDS	0 +	0		48 ADJECTIVES/ADVERBS	0 +
14 SIGHT WORDS	0 +	000X		49 SENTENCE PATTERNS	4 -
15 MEDIAL VOWELS	0 +	00000X		50 SENTENCE FORMATION	0 +
OCABULARY				MATHEMATICS COMPUTATION	
22 ORAL CATEGORIES/WORDS	0 +	0		57 ADD WHOLE NUMBERS	0 +
23 ORAL DEFINITIONS/WORDS	0 +	0		59 SUBTRACT WHOLE NUMBERS	0 +
24 SAME MEANING	0 +	0		MATH CONCEPTS/APPLICATIONS	
25 UNFAMIL WDS IN CONTEXT	0 +	0		68 NUMERATION	0 +
EADING COMPREHENSION				71 PROBLEM SOLVING	0 +
29 SENTENCE MEANING	0 +	00		74 MEASUREHENT/GEOMETRY	0 +
30 PASSAGE DETAILS	0 +	000X			
31 CHARACTER ANALYSIS	0 +	000X			

Score Codes
+ Maximum/Minimum Score Possible For Level
X No Valid Answer

CTB IO = 81156-3491-005-004

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617

AT068186

OSDH Form No. 2100
(Rev. 2/81)

The total number of immunizations for a given individual should be determined by the patient's physician or local health department clinic. Refer to the schedule of recommended immunizations on the reverse side of this card for children starting immunizations in infancy.

Vaccine	Date Given	Doctor or Clinic Signature or Stamp
DTP, Dose 1	8/22/10	MUSCHD
DTP, Dose 2	8/22/10	MUSCHD
DTP, Dose 3		
DTP, Dose 4		
DTP, Dose 5		
Polio, Dose 1	8/22/10	MUSCHD
Polio, Dose 2		
Polio, Dose 3		
Polio, Dose 4		
M-M-R		
Td (Adult)		
Td (Adult)		
Td (Adult)		

**IMMUNIZATION
RECORD CARD**

03337

AT006167

RECOMMENDED IMMUNIZATION SCHEDULE

PRIMARY IMMUNIZATIONS

Age	Vaccines	Comments
2 months	DTP, Polio	DTP, 0.5 ml Diphtheria, Pertussis and Tetanus (absorbed type), administered intramuscularly. Polio: Trivalent Oral Polio Vaccine (TOPV)
4 months	DTP, Polio	
6 months	DTP	
15 months	Measles, Rubella, Mumps	M-M-R: One dose of Measles/Mumps/Rubella combined, administered subcutaneously OR M-R: One dose (0.5 ml) of Measles/Rubella combined, administered subcutaneously
18 months	DTP, Polio	These doses are considered to be an integral part of the primary immunization series.

BOOSTER IMMUNIZATIONS

Age	Vaccines	Comments
4 to 6 years	DTP, Polio	Should be given prior to school entry. Substitute 0.5 ml Td (adult strength) for children age 7 and above
Every 10 years thereafter	Td	0.5 ml Td (adult strength) should be given intramuscularly at ten-year intervals to persons age 7 and above.

NOTE: Oklahoma law requires no less than three DTP, one measles, one rubella, and three polio immunizations before school entry. Measles and rubella must have been received on or after the first birthday.

OFFICIAL IMMUNIZATION RECORD CARD

Last Name: *Thomas* Middle: *Andre*

Date of Birth

Address

Drug Sensitivity



OKLAHOMA STATE BOARD OF HEALTH
OKLAHOMA STATE MEDICAL ASSOCIATION
OKLAHOMA OSTEOPATHIC MEDICAL ASSOCIATION

Exhibit 102

Child Protective Services

Case # 16086193.

INVESTIGATION READING GUIDE

Case Name/CAPS # Thomas Rochelle
23895856
 Date of Referral 10-21-99
 Initial Contact Date 10-27-99
 Date Investigation Completed 11-19-99
 Date Submitted 5-11-00
 Date Reviewed 5/16/00 Extension Granted? _____

Worker Debra Farris
 Reviewer S. J. [unclear]
 Allegations PH. V. C.
 Priority 2
 Risk _____
 Disposition Family based / Unstable cal. [unclear]

1. All children seen by worker?	YES	<input checked="" type="radio"/> NO	N/A
2. All allegations addressed?	YES	<input checked="" type="radio"/> NO	N/A
3. Medical/SXAB exam?	YES	<input checked="" type="radio"/> NO	N/A
Findings			
4. Photographs taken and filed in case record?	YES	<input checked="" type="radio"/> NO	N/A
5. Video/audio tape?	YES	<input checked="" type="radio"/> NO	GOOD CAUSE
6. Home visit made?	YES	<input checked="" type="radio"/> NO	N/A
7. Collateral contacts? <u>Comp. Acc.</u>	YES	<input checked="" type="radio"/> NO	N/A
8. EA determined and worker's signature documented?	YES	<input checked="" type="radio"/> NO	N/A
9. Notification to Designated Perpetrator?	YES	<input checked="" type="radio"/> NO	N/A
Notification to Parents?	YES	<input checked="" type="radio"/> NO	N/A
Notification to Complainant? <u>Comp. Acc.</u>	YES	<input checked="" type="radio"/> NO	N/A
Notification to Children?	YES	<input checked="" type="radio"/> NO	N/A
Notification to Absent Parent?	YES	<input checked="" type="radio"/> NO	N/A
10. Expungement form letter?	YES	<input checked="" type="radio"/> NO	N/A
11. CAPS History check?	<input checked="" type="radio"/> YES	NO	N/A
12. External documentation in CAPS?	<input checked="" type="radio"/> YES	NO	N/A

QUALITY OF INVESTIGATION			
1. Social history/family dynamics adequately addressed?	YES	NO	N/A
2. Does the risk assessment/analysis support the case disposition?	YES	<input checked="" type="radio"/> NO	N/A
3. Are all designated perpetrators identified appropriate to the case disposition?	YES	NO	N/A
4. Ability of caretaker to protect is assessed and documented?	YES	<input checked="" type="radio"/> NO	N/A
5. Attachment issues addressed?	YES	NO	N/A
6. Home environment addressed?	YES	<input checked="" type="radio"/> NO	N/A

Comments: _____

Case Name: Thomas, Rochelle
Case #: 23895856

CASE COVER SHEET

PRINCIPALS IN THE CASE

1. Name: Andre L Thomas
Person ID: 16380221
Sex: Male DOB: [REDACTED] SSN:
2. Name: [REDACTED]
Person ID: 26845779
Sex: Male DOB: [REDACTED] SSN:
3. Name: Rochelle Thomas
Person ID: 16380222
Sex: Female DOB: [REDACTED] SSN:

Printed: 05/11/00 TX Dept. of Protective and Regulatory Services PAGE: 1

DW000580

Case Name: Thomas,Rochelle
Case #: 23895856

TITLE IV-A EMERGENCY ASSISTANCE

I. Application For Emergency Assistance

The application is being made by the child's parent or relative on the Safety Plan or by the worker on behalf of the child whose parents are unavailable or are unwilling to apply for emergency assistance.

Names of children in the family:

II. Eligibility For Emergency Assistance

1. ☐ The child and his/her family are presumed eligible for Emergency Assistance because all of the following conditions apply:

- a. Risk is indicated OR a child safety plan was necessary during this investigation; therefore, the child is at risk of abuse/neglect.
- b. The child lives with a parent or relative or has lived with a parent or relative at some time during the past six months.
- c. It is correct to say that we have no information that indicates that the risk of abuse/neglect was directly caused by a caretaker's refusal to accept employment or training for employment.
- d. The family's annual income is less than \$63,000.

OR

2. ☒ The child and his/her family are NOT eligible for Emergency Assistance because one or more of the above conditions do not apply.

III. Authorization For Emergency Assistance

☐ I authorize for this family, for a period not to exceed 12 months, all assistance and services covered under the State Plan for Title IV-A Emergency Assistance, as determined to be necessary and appropriate.

IV. Signature

Worker's signature: *John Jones* Date: 4-19-00
Employee number: C0001038

Case Name: Thomas,Rochelle Case #: 23895856	DF
--	----

INTAKE REPORT CHILD PROTECTIVE SERVICES

SUMMARY

Intake #: 25556134 Primary Allegation: Physical Neglect Worker Safety Issues: N Sensitive Issues: N Special Handling: Priority Determination: 2 Determination Factors: Child age 0-6 Ch. Accessible to AP Child Unprotected Ab/Negl Occur. Now House lacks utilities	Date Reported: 10/21/1999 Time Reported: 03:29 PM L/E Notification Date: 10/21/1999 L/E Jurisdiction: Sherman Pd Reason for Closure: Worker Taking Intake: Henry, Lee AUSTIN (512) 834-3784 Ext. 1131
--	---

PRINCIPAL INFORMATION

	Oldest Victim	Alleged Victim
Approx: N Age: 2 DOB: [REDACTED] Sex: Male	SSN: DOD: Reason:	Language: English Ethnicity: Black-White (Hispanic) Marital: Child, not applicable

Addresses:

Residence [REDACTED]

Attn:
Notes:

Phones:

Aliases:

Notes:

Printed:
10/22/99

TX Dept. of Protective and Regulatory Services

Page: 1

DW000582

Case Name: Thomas,Rochelle
Case #: 23895856

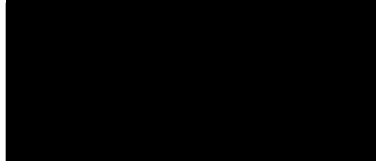
INTAKE REPORT
CHILD PROTECTIVE SERVICES

Rochelle Thomas	Parent	Alleged Perpetrator
-----------------	--------	---------------------

Approx: N Age: 43 SSN: Language: English
DOB: [REDACTED] DOD: Ethnicity: Black (non-Hispanic)
Sex: Female Reason: Marital: Married

Addresses:

Residence



Attn:
Notes:

Phones:

Aliases: Rochelle M Thomas

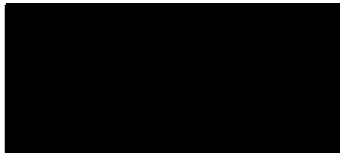
Notes:

Andre L Thomas	Step-Sibling (CPS)	Unknown
----------------	--------------------	---------

Approx: N Age: 16 SSN: Language: English
DOB: [REDACTED] DOD: Ethnicity: Black (non-Hispanic)
Sex: Male Reason: Marital: Child,not applicable

Addresses:

Residence



Attn:
Notes:

Phones:

Aliases: Andre Thomas

Notes:

Case Name: Thomas,Rochelle Case #: 23895856
--

INTAKE REPORT CHILD PROTECTIVE SERVICES

ALLEGATION DETAIL

Victim	Allegation(s)	Alleged Perpetrator(s)
[REDACTED]	Physical Neglect	Thomas,Rochelle

CALL NARRATIVE

Document worker safety issues, special or sensitive case handling information on the Special Handling Window.

GENERAL INFORMATION / DESCRIPTION:

MO, SB and OV live in a home with no utilities. The home has no running water. MO goes to a fire hydrant and steals water from the city. MO has connected a gas line directly to the utility gas line, by-passing the meter.

OV is allowed to run outside without shoes. He has developed behavior problems. He screams when he does not get his way. MO does not discipline him in any way. OV had defecated in his clothes. MO took him outside and hosed him down with a water hose.

Lee Henry, PSIS II

Staffed with Mary Ruth Bahari, SWI supervisor, recommended PHNG, P2

CONCLUSIONS:

PHNG, P2

The health and well-being of 3 yo male OV is being threatened by living in a home with no utilities. MO is also endangering OV's health by using inappropriate means to wash him. The absence of any discipline is allowing OV to develop behavior problems at an early age.

Match found.

CPS	CLD	Thomas,Rochelle	GRAYSON	Douglas,Kristy L	INV	16086193
	4118	16074190	N			

LOCATING INFORMATION: Directions. When the family is home. Where the victim can be seen.

WORKER SAFETY ISSUES:

Printed: 10/22/99 TX Dept. of Protective and Regulatory Services

Page: 3

DW000584

Case Name: Thomas,Rochelle Case #: 23895856
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SENSITIVE ISSUES:

Printed:
10/22/99

TX Dept. of Protective and Regulatory Services

Page: 4

DW000585

Case Name: Thomas,Rochelle Case #: 23895856
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

REPORTER INFORMATION

--

Addresses:

Attn:

Notes:

Phones:

Aliases:

Basis of Knowledge:

COLLATERAL INFORMATION

Printed:
10/22/99

TX Dept. of Protective and Regulatory Services

Page: 5

DW000586

If this report is sent to you by facsimile and you are unable to read any of the 5 pages, please call
(512) 834-3784 Ext. 1131

TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

**NOTIFICATION TO LAW ENFORCEMENT AGENCY OF
ABUSE/NEGLECT REPORT**

SECTION 261.105 (T.F.C.) Requires that Children's Protective Services notify the appropriate law enforcement agency of all reports of abuse/neglect received by the Department other than reports received from such agencies. This letter confirms that CPS has notified you of the report of child abuse/neglect specified below.

TO: Sherman Pd

DATE:

FROM: Sherman Houston

PHONE: (903) 892-0580 Ext.

C O N F I D E N T I A L

CASE NAME: Thomas,Rochelle
CASE NUMBER: 23895856

DATE OF REPORT: 10/21/1999
TIME OF REPORT: 03:29 PM

HOUSEHOLD ADDRESS


INVOLVING ALLEGATION TYPES
Physical Neglect

ACTION TAKEN BY CPS:

ACTION REQUESTED: Please notify CPS staff at the above listed CPS office of all actions planned or taken in this case so that we can coordinate our respective investigations and services. If you determine that this case should be reported to another law enforcement agency, please forward this notification to the appropriate agency.

SECTION 261.201 (T.F.C.) The name of the complainant (i.e. reporter or informant) is confidential. Consequently, identifying information about the complainant is not included in this report. If this information is needed to conduct the criminal investigation, the assigned Child Protective Services worker or supervisor may orally share information about the complainant's identity with the assigned investigating officer.

Case Name: Thomas,Rochelle Case #: 23895856
--

LOG OF CONTACT NARRATIVES

Date From: 10/1/1999

Date To: 5/11/2000

Contact ID: 47107384

Person Contacted: [REDACTED]

Date: 10/27/1999

Type: Contact

Location: Residence

Attempted home visit. I could find no such address as [REDACTED]

Contact ID: 47107836

Person Contacted:

Date: 10/27/1999

Type: Contact

Location:

Sherman High School does not have a student by the name of Andre Thomas. I checked the phone book and found no listing for Rochelle Thomas and additional locating information. so I was not able to obtain

Person Name: Rochelle Thomas
 Person ID: 16380222

CAPS HISTORY CHECK

CASE NAME: Thomas, Rochelle
 CASE ID: 23895856

Program: CPS
 Investigation Conclusion Date:
 Date Stage Closed:
 Role: Alleged Perpetrator
 Overall Disposition:
 Investigation Conclusions:
 Risk Findings:

Admin Review Type:
 Admin Review Status:
 Admin Review Status Date:

Alleg/Desig Victim	Allegation	Alleg/Desig/Sust Perp	Disposition	Severity
[REDACTED]	Physical Neglect	Thomas, Rochelle		

Printed: 04/18/00

TX Dept. of Protective and Regulatory Services

PAGE: 2

Person Name: Rochelle Thomas
 Person ID: 16380222

CAPS HISTORY CHECK

SUMMARY OF INVOLVEMENT IN ALL STAGES

CASE NAME: Thomas, Rochelle
 CASE ID: 16086193

Start Date	End Date	Stage	Stage Type	Stage Name	Type	Rel/Interest
02/27/1995	02/27/1995	Intake	PHAB2	Thomas, James	Principal	Parent
02/27/1995	03/17/1995	Investigation	PHAB2	Thomas, James	Principal	Parent
11/22/1985	11/22/1985	Intake	MDNG1	Thomas, James C	Principal	Parent
11/22/1985	11/22/1985	Investigation	MDNG1	Thomas, James C	Principal	Parent

CASE NAME: Jackson, Charleston
 CASE ID: 16107705

Start Date	End Date	Stage	Stage Type	Stage Name	Type	Rel/Interest
11/22/1985	02/12/1986	CPS Fam Preservation	Regular	Thomas, James C	Principal	Other

Printed: 04/18/00

TX Dept. of Protective and Regulatory Services

PAGE: 3

DW000592

Person Name: Rochelle Thomas
 Person ID: 16380222

CAPS HISTORY CHECK

CASE NAME: Thomas, Rochelle
 CASE ID: 23895856

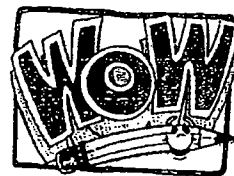
Start Date	End Date	Stage	Stage Type	Stage Name	Type	Rel/Interest
10/25/1999		Investigation	PHNG2	Thomas, Rochelle	Principal	Parent
10/21/1999	10/25/1999	Intake	PHNG2	Thomas, Rochelle	Principal	Parent

Printed: 04/18/00

TX Dept. of Protective and Regulatory Services

PAGE: 4

DW000593



INVESTIGATION READING GUIDE UNIT 76

CASE NAME: Rashelle RossCASE #: 16086193WORKER: Wayne HaleDATE OF REFERRAL: 8/22/96

Case Cover Sheet	EXT	NO	N/A
Notice of Emergency Removal	EXT	NO	N/A
Law Enforcement Notification	EXT	NO	N/A
Child Safety/Evaluation Plan (Signed & Distributed)	EXT	NO	N/A
EA Assistance Signed	YES	NO	N/A
Alleged Perpetrator Interviewed	YES	NO	N/A
Parent/Caregiver Interviewed	YES	NO	N/A
Home Visit Made	YES	NO	N/A
All Victims Seen	YES	NO	N/A
Priority I Victim Seen Within 24 Hours	YES	NO	N/A
Priority II Victim Seen Within 10 Days	YES	NO	N/A
All Allegations Addressed	YES	NO	N/A
Notice Of Findings Letter	YES	NO	N/A
Absent Parent Notified	YES	NO	N/A
Documentation Submitted Within 45 Days	YES	NO	N/A
Investigation Completed Within 30 Days (Inv. Conc.)	YES	NO	Extension Granted
All Other External Documents In File	YES	NO	N/A
Submitted In CAPS	YES	NO	2/14/97

Suzanne Chapman 2/18/97
Supervisor Date

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() - Ext.

TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

**NOTIFICATION TO LAW ENFORCEMENT AGENCY OF
ABUSE/NEGLECT REPORT**

SECTION 261.105 (T.F.C.) Requires that Children's Protective Services notify the appropriate law enforcement agency of all reports of abuse/neglect received by the Department other than reports received from such agencies. This letter confirms that CPS has notified you of the report of child abuse/neglect specified below.

TO:
FROM: Arlington Ave E

DATE:
PHONE: (817) 649-5552 Ext.

C O N F I D E N T I A L

CASE NAME: Ross,Rochelle
CASE NUMBER: 16086193

DATE OF REPORT: 8/22/1996
TIME OF REPORT: 11:59 PM

HOUSEHOLD ADDRESS

INVOLVING ALLEGATION TYPES

ACTION TAKEN BY CPS:

ACTION REQUESTED: Please notify CPS staff at the above listed CPS office of all actions planned or taken in this case so that we can coordinate our respective investigations and services. If you determine that this case should be reported to another law enforcement agency, please forward this notification to the appropriate agency.

SECTION 261.201 (T.F.C.) The name of the complainant (i.e. reporter or informant) is confidential. Consequently, identifying information about the complainant is not included in this report. If this information is needed to conduct the criminal investigation, the assigned Child Protective Services worker or supervisor may orally share information about the complainant's identity with the assigned investigating officer.

Case Name: Thomas,Rochelle
Case #: 16086193

TITLE IV-A EMERGENCY ASSISTANCE

I. Application For Emergency Assistance

The application is being made by the child's parent or relative on the Safety Plan or by the worker on behalf of the child whose parents are unavailable or are unwilling to apply for emergency assistance.

Names of children in the family:

II. Eligibility For Emergency Assistance

1. ☐ The child and his/her family are presumed eligible for Emergency Assistance because all of the following conditions apply:

- a. Risk is indicated OR a child safety plan was necessary during this investigation; therefore, the child is at risk of abuse/neglect.
- b. The child lives with a parent or relative or has lived with a parent or relative at some time during the past six months.
- c. It is correct to say that we have no information that indicates that the risk of abuse/neglect was directly caused by a caretaker's refusal to accept employment or training for employment.
- d. The family's annual income is less than \$63,000.

OR

2. ☒ The child and his/her family are NOT eligible for Emergency Assistance because one or more of the above conditions do not apply.

III. Authorization For Emergency Assistance

☐ I authorize for this family, for a period not to exceed 12 months, all assistance and services covered under the State Plan for Title IV-A Emergency Assistance, as determined to be necessary and appropriate.

IV. Signature

Worker's signature: _____

Employee number: 03136C05

Date: 2/14/97

Case Name: Ross,Rochelle
Case #: 16086193

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SUMMARY

Intake #:	19101544	Date Reported:	8/22/1996
Primary Allegation:	Medical Neglect	Time Reported:	11:59 PM
Worker Safety Issues:	N	L/E Notification Date:	2/14/1997
Sensitive Issues:	N	L/E Jurisdiction:	
Special Handling:			
Priority Determination:	1	Reason for Closure:	
Determination Factors:		Worker Taking Intake:	
			() - Ext.

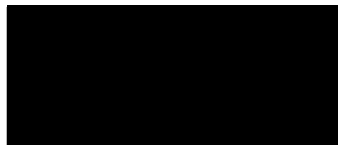
PRINCIPAL INFORMATION

James C Thomas	Other	Alleged Victim
----------------	-------	----------------

Approx: N	Age:	SSN:	Language:
	DOB: [REDACTED]	DOD:	Ethnicity: Black(non-Hispanic)
	Sex: Male	Reason:	Marital: Child,not applicable

Addresses:

Residence



Attn:
Notes:

Phones:

Aliases: James Thomas

Notes:

Case Name: Ross,Rochelle
Case #: 16086193

INTAKE REPORT
CHILD PROTECTIVE SERVICES

Rochelle Ross	Other	Alleged Perpetrator
---------------	-------	---------------------

Approx: N Age: SSN: Language:
DOB: DOD: Ethnicity: Black(non-Hispanic)
Sex: Female Reason: Marital: Child,not applicable

Addresses:

Residence

Attn:
Notes:

Phones:

Aliases:

Notes:

Andre L Thomas	Sibling	Unknown
----------------	---------	---------

Approx: N Age: SSN: Language:
DOB: DOD: Ethnicity: Black(non-Hispanic)
Sex: Male Reason: Marital: Child,not applicable

Addresses:

Residence

Attn:
Notes:

Phones:

Aliases: Andre Thomas

Notes:

Case Name: Ross,Rochelle
Case #: 16086193

INTAKE REPORT
CHILD PROTECTIVE SERVICES

Danny L Ross

Sibling

Unknown

Approx: N Age: [REDACTED] SSN: [REDACTED] Language:
DOB: [REDACTED] DOD: [REDACTED] Ethnicity: Black(non-Hispanic)
Sex: Male Reason: [REDACTED] Marital: Child,not applicable

Addresses:

Residence [REDACTED]

Attn:
Notes:

Phones:

Aliases: Danny Ross

Notes:

Brian D Thomas

Sibling

Unknown

Approx: N Age: [REDACTED] SSN: [REDACTED] Language:
DOB: [REDACTED] DOD: [REDACTED] Ethnicity: Black(non-Hispanic)
Sex: Male Reason: [REDACTED] Marital: Child,not applicable

Addresses:

Residence [REDACTED]

Attn:
Notes:

Phones:

Aliases: Brian Thomas

Notes:

Case Name: Ross,Rochelle Case #: 16086193
--

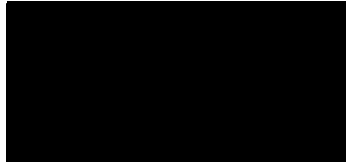
**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

Eric M Ross	Sibling	Unknown
-------------	---------	---------

Approx: N Age: SSN: Language:
DOB: DOD: Ethnicity: Black(non-Hispanic)
Sex: Male Reason: Marital: Child,not applicable

Addresses:

Residence



Attn:
Notes:

Phones:

Aliases: Eric Ross

Notes:

ALLEGATION DETAIL

Victim

Allegation(s)

Alleged Perpetrator(s)

Case Name: Ross,Rochelle Case #: 16086193
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

CALL NARRATIVE

J724157 03112C13 WOLF NORMA 1625 960822 ANO 120** *****P1-
MEDICAL NEGLECT-HIGH RISK***** OV WAS IN THE HOSPITAL LAST
MONTH WITH KIDNEY AND* LIVER FAILURE. HE REMAINED IN MEDICAL CITY HOSPITAL IN
DALLAS FOR ABOUT* 10 DAYS DOES NOT THINK THE MEDICAL PROBLEM WAS EVER
DIAGNOSISED BUT* OV WAS DISCHARGED. CURRENTLY OV IS SWOLLEN AND HAS SEVERE
ITCHING. HIS* BODY IS COVERED WITH WELT LIKE MARKS AND HE IS VERY UNCOMFORTABLE.
OV IS WANTING HELP BUT IS AFRAID OF MO.

DID NOT GET IN TO SEE DOCTOR. IT IS NOT KNOWN* WHY OV
ITCHING BUT IT IS NOT EFFECTIVE. OV HAS BEEN USING A* SALVE TO SOOTH
THICK OV'S SKIN* AS RED,RAW, SCALY,AND
OV IS HAVING AN ALLERGIC* REACTION TO POSSIBLY MEDICINE.

INFORMATION WAS GIVEN MO CAN BE VIOLENT.* OV COULD
POSSIBLY BE TAKEN TO WILSON AND JONES MEMORIAL HOSPITAL CONSIDERING OV
WAS HOSPITALIZED AND HAD KIDNEY FAILURE,A P1* PRIORITY WAS GIVEN.
CALLED OUT TO SHERMAN OFFICE* MD-NR ACT WORKER-ARLETTE*
CANRIS-E31860700 112285 MDNG/NSUP AADJUDICATED WERTHMANN U36

WORKER SAFETY ISSUES:

Case Name: Ross,Rochelle
Case #: 16086193

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SENSITIVE ISSUES:

<COVER>
<FCSFILE:CAPSFCS.PCL>
<NOTE: 16086193>
<NOTE: Ross,Rochelle>
<TO_NAME: 16086193>
<TO_FAXNUM: () - >

Page: 3 Document Name: untitled

.DATE 22 AUG 96 16:57:46 CHIPSS - PRINT FARRIS , DEIDRA - 2651

TEXAS DEPARTMENT OF HUMAN SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORTINTAKE WORKER: WOLF , NORMA BJN: 03112C13
INVESTIGATIVE WORKER: VACANT , BJN: 03176F01

CASE: ROSS , ROCHELLE NUMBER: J724157

COUNTY: 091

PRIMARY ALLEGATION: MEDICAL NEGLECT DATE OF INTAKE: 082296
PRIORITY: 01 TIME OF INTAKE: 1625
DATE OF INCIDENT: 082296 REFERENCE NUMBER:

LN	NAME	AG	DOB	M	S	E	RE	R	AN-1	AN-2	AN-3	AN-4
01	ROCHELLE	ROSS	47		F	B	MO	P	MDNG			
02	JAMES	THOMAS	14		C	M	B	OV	V	MDNG		
03	DANNY	ROSS	17		M	B	BR	U				
04	ERIC	ROSS	19		M	B	BR	U				
05	BRIAN	THOMAS	16		C	M	B	BR	U			
06	ANDRE	THOMAS	13		C	M	B	BR	U			

*****P1-MEDICAL NEGLECT-HIGH RISK*****

OV WAS IN THE HOSPITAL LAST MONTH WITH KIDNEY AND LIVER FAILURE. HE REMAINED IN MEDICAL CITY HOSPITAL IN DALLAS FOR ABOUT 10 DAYS . DOES NOT THINK THE MEDICAL PROBLEM WAS EVER DIAGNOSISED BUT OV WAS DISCHARGED. CURRENTLY OV IS SWOLLEN AND HAS SEVERE ITCHING. HIS BODY IS COVERED WITH WELT LIKE MARKS AND HE IS VERY UNCOMFORTABLE:

OV IS WANTING HELP BUT IS AFRAID OF MO.

WHY OV DID NOT GET IN TO SEE DOCTOR.

SALVE TO SOOTH ITCHING BUT IT IS NOT EFFECTIVE.

AS RED,RAW, SCALY,AND THICK.

REACTION TO POSSIBLY MEDICINE.

IT IS NOT KNOWN

OV HAS BEEN USING A

OV'S SKIN

OV IS HAVING AN ALLERGIC

MO CAN BE VIOLENT.

OV COULD POSSIBLY BE TAKEN TO WILSON AND JONES MEMORIAL HOSPITAL CONSIDERING OV WAS HOSPITALIZED LAST MONTH AND HAD KIDNEY FAILURE,A P1 PRIORITY WAS GIVEN. CALLED OUT TO SHERMAN OFFICE

MD-NR ACT

CANRIS-E31860700 112285 MDNG/NSUP AADJUDICATED

WORKER-ARLETTE

WERTHMANN U36

Date: 8/22/96 Time: 4:50:23PM

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Page: 4 Document Name: untitled

J724157

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 01 ROSS ROCHELLE 47 [REDACTED] F B MO P
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 MDNG
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 02 THOMAS JAMES 14 [REDACTED] C M B OV V
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 MDNG
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 03 ROSS DANNY 17 [REDACTED] M B BR U
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 04 ROSS ERIC 19 [REDACTED] M B BR U
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 05 THOMAS BRIAN 16 [REDACTED] C M B BR U
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 06 THOMAS ANDRE 13 [REDACTED] C M B BR U
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] 091
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 NO PHONE TRAILER PARK

ate: 8/22/96 Time: 4:50:23PM

DW000604

age: 5 Document Name: untitled

J724157

	NAME	SOURCE OF REPORT
01		

LIN	NAME	INTEREST IN CASE
02	SHERMAN PD	LAW

Date: 8/22/96 Time: 4:50:23PM

DW000605

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TEXAS DEPARTMENT OF HUMAN SERVICES
CHILD PROTECTIVE SERVICES
NOTIFICATION TO LAW ENFORCEMENT AGENCY OF CHILD ABUSE/NEGLECT REPORT

SECTION 34.02 OF THE TEXAS FAMILY CODE REQUIRES THE TEXAS DEPARTMENT OF HUMAN SERVICES TO NOTIFY THE APPROPRIATE LAW ENFORCEMENT AGENCY OF ALL REPORTS OF CHILD ABUSE/NEGLECT RECEIVED BY THE DEPARTMENT OTHER THAN REPORTS RECEIVED FROM SUCH AGENCIES. THE PURPOSE OF THIS LETTER IS TO CONFIRM NOTIFICATION TO YOU OF A REPORT OF CHILD ABUSE/NEGLECT RECEIVED BY DHS.

TO: SHERMAN PD
DATE: AUGUST 22, 1996
DHS PERSON: VACANT
ADDRESS:
TELEPHONE: 903 892-0580

REGARDING:
NAME: ROSS , ROCHELLE COMMENTS:

ROLE IN CASE: ALLEGED PERPETRATOR

METHOD OF NOTIFICATION TO LAW
ENFORCEMENT AGENCY

ORAL REPORT MADE TO
OF YOUR AGENCY ON
COPY OF REPORT ATTACHED.

THIS LETTER SERVES AS INITIAL
NOTIFICATION OF THE REPORT AND A COPY
OF THE REPORT IS ATTACHED.

ACTION TAKEN BY
TEXAS DEPARTMENT OF HUMAN SERVICES

THE CASE INVESTIGATION IS
PLANNED IN PROGRESS
HAS BEEN COMPLETED

WITH A DISPOSITION OF:

ADJUDICATED
REASON TO BELIEVE
UNFOUNDED
FAMILY MOVED (UNABLE TO LOCATE)

FOR ADJUDICATED AND REASON TO BELIEVE,
ONGOING CHILD PROTECTIVE SERVICES
WILL WILL NOT BE PROVIDED.

ACTION REQUESTED OF LAW ENFORCEMENT AGENCY

PLEASE NOTIFY THE ABOVE DESIGNATED DHS CONTACT PERSON OF ANY ACTION PLANNED OR TAKEN IN THIS CASE SO THAT WE MAY BETTER COORDINATE THE RESPECTIVE INVESTIGATION AND SERVICES PROVIDED. IF YOU DETERMINE THAT THIS CASE SHOULD BE REPORTED TO ANOTHER LAW ENFORCEMENT AGENCY, PLEASE FORWARD THIS INFORMATION TO THE APPROPRIATE AGENCY.

..... END REPORT

date: 8/22/96 Time: 4:50:23PM

DW000606

Exhibit 103

Juvenile Probation Department, Grayson County, Texas – Chronological Record Sheet.

NAME: Thomas AndreJUVENILE PROBATION DEPARTMENT
GRAYSON COUNTY, TEXAS

DOB: [REDACTED]

CAUSE: # 5963

CHRONOLOGICAL RECORD SHEET

Side 1

DATE	L	C	NARRATIVE
11-4-97	TSP	OV	Resp reports that he went to Grapevine Mills looking for a job. I advised resp that I didn't see how he could work in Grapevine and work. I asked how he got down there he stated that he rode w/ his friend. I advised resp that he was never to leave the county without permission. MP. KH
11-6-97		SV	Resp reports all is ok but having trouble in a couple of classes. I advised resp to get tutoring he stated that teacher is helping him Resp in GT classes. MP. MW
11-7-97		OV	Resp stated that he failed two classes will work harder in them. Trying to adapt to GT classes getting tutoring in the morning. MP
11-12-97			No reporting on 11-11-97 - Holiday MP
11-13-97		TCP	Resps Mth called to advise that resp is sick today and will not be at reporting today.
11-14-97		AHV	Went by resps home, resps brother answered the door and advised that resp just left

9669

03025

AT009677

92080

CHRONOLOGICAL RECORD SHEET

Side 2

DATE	L	C	NARRATIVE
	ISP		the house on a pair of roller blades. Resps home had a strong odor of Marijuana coming out of the door. Resp was not seen on the streets. MP MW. "Violation"
11-17-97		ASU AHV	Resp reported absent today didn't call in to report his absents. "Violation". Went by resps home to check up on him. Resp was not at home. MP MW.
11-18-97		OV	Resp rides down to his brother's house because their house was very cold Friday. They have no gas. Advised resp to call office according to probation when absent from school. Resp came up the stairs wearing roller blades. Advised that he remove the blades before entering the office or before coming up the stairs to report. Home is fine no problems. MP
11-20-97		OV	Resp did report. Made resp remove roller blades. Reports all is ok at home. Spoke to resp again about school and his conditions of ISP advised he does not have room for error. MP

AT009678

NAME: Thomas AndreDOB: [REDACTED]JUVENILE PROBATION DEPARTMENT
GRAYSON COUNTY, TEXASCAUSE: # 5963

CHRONOLOGICAL RECORD SHEET

Side 1

DATE	L	C	NARRATIVE
11-24-97	ISP	PL/HV	Spoke to rep with Mo Thomas. She advised that rep did miss a couple of days of school last week bcz he was sick. Their house has no gas in it so there is no heat. Rep states all is ok, just cold. I advised rep no ISP reporting Thursday due to Holiday. I advised will check w tops to make sure they don't come by and pick him up - not
11-26-97		OV	Rep got ride to reporting w/ Greg Dodson of Pattobaro P.D. sprunged outta yesterday. Will go to see bro this weekend in Gainsville and May go to Muskogee aka. w/ nith. all else ok.
12-2-97		OV	Rep states everything is ok at home and school. Advised rep of CSR - CD for msp
12-5-97		SV	Rep advised that Taps no show he waited until 5:00 pm but the bus never came. Advised rep will call tops and see what mix up was. All is ok at school - Need to work on grades - in G+T classes. M
	9670		03027

82080

CHRONOLOGICAL RECORD SHEET

Side 2

DATE	L	C	NARRATIVE
			and get use to the change. mp MW JS.
12-9-97		OV	Reep wants to talk to judge and get work permit so he can get a job and pay rent at home. Basil missed any school things are great at home. Gave reep CSR Calander advised to call and confirm. BC for mp
12-11-97		OV	Spoke to Judge Middelton. He advised that reep come by office to see about work permit. He advised reep he was too young. mp.
12-12-97		OV	Reep did not go to school today. He was sick. He stated he got up and nose was bleeding and he felt bad. Mth told him to stay home. mp
12-15-97		OV	School ok Reep turned in same late school work today will bring grade up. Wants bike for Xmas. Fees not paid b/c Mth only working part time.
			See Chrono on C W 4 mp

AT009680

Exhibit 104

**Sherman Police Department
Incident Report curfew
violation by Andre Thomas**

Date Printed:
Apr 08 2004

INCIDENT REPORT

SHERMAN POLICE DEPARTMENT
317 S TRAVIS

Incident # 9804693 Case # Document #

Witness:

MULLINS, CHRIS (OFFICER - 130) OFFICER
317 S TRAVIS SHERMAN POLICE DEPT
SHERMAN TX 75090 317 S TRAVIS
892-7290 SHERMAN TX
892-7290

AGE: SEX: M
RACE: W
DOB:
DL#:
SS#:

Arrestee:

THOMAS, ANDRE LEE

SHERMAN TX 75090
868-4657
893-8516

AGE: 15 SEX: M
RACE: B
DOB: [REDACTED]
DL#: [REDACTED]
SS#: [REDACTED]

Offense : CURFEW VIOLATION UCR Code : 28
Date : 07/01/98 Time : 01:00M-
Location : TEXOMA PKWY/HWY 75
Weapon : Dept Code: J
M / O : SUSPECT IN PUBLIC PLACE AFTER CURFEW

Init/Currnt Status	Description	Serial #	Value
EVIDENCE	CURFEW CITATION #94802 CITY OF SHERMAN		

OFFENSE NARRATIVE: 07/01/98 0022, MCREE 108, 095

COMP. IS THE CITY OF SHERMAN

OFFICER CHRIS MULLINS AND I WERE DRIVING NORTHBOUND ON STATE HIGHWAY 91. WHILE IN THE 1500 BLOCK OF STATE HIGHWAY 91 OFFICER MULLINS SAW A BLACK MALE JUVENILE KNOWN TO US AS ANDRE THOMAS RIDING HIS BICYCLE SOUTH ON STATE HIGHWAY 91. THOMAS IS KNOWN TO OFFICER MULLINS AND I BECAUSE WE HAD WARNED THOMAS FOR VIOLATING CURFEW JUST DAYS PRIOR TO THIS OFFENSE.

OFFICER MULLINS TURNED AROUND IN THE 1700 BLOCK OF STATE HIGHWAY 91 AND WENT SOUTH IN AN ATTEMPT TO CATCH ANDRE THOMAS. WE CAUGHT UP TO ANDRE THOMAS AT SOUTHBOUND STATE HIGHWAY 91 UNDER U.S. 75. THOMAS WAS RIDING A BICYCLE ON A PUBLIC ROADWAY WITH NO HEADLIGHT AND HE WAS OPERATING HIS BICYCLE ON THE WRONG SIDE OF THE ROADWAY.

WE INITIATED A STOP OF THOMAS BY USING OUR OVERHEAD RED AND BLUE LIGHTS. THOMAS DID STOP FOR US. WE IDENTIFIED OURSELVES TO THOMAS AND TOLD HIM TO COME TO THE VEHICLE. THOMAS COMPLIED. I ASKED THOMAS WHY HE WAS OUT AFTER CURFEW AGAIN. THOMAS HAD BEEN CAUGHT JUST DAYS PRIOR TO THIS BY MYSELF AND OFFICER MULLINS AT BROUGHTON AND 91. ON THAT OCCASION WE HAD FOUND THAT THOMAS HAD BEEN ARRESTED ONCE BEFORE FOR CURFEW VIOLATION. DESPITE THAT FACT, ON THAT OCCASION, WE ISSUED THOMAS A CITATION ONLY AND ALLOWED HIM TO RETURN HOME. NOW, A FEW NIGHTS LATER, THOMAS WAS AGAIN IN A PUBLIC PLACE AFTER CURFEW. I WAS ASKING THOMAS

01587

289

AT000282

Date Printed:
Apr 08 2004

INCIDENT REPORT
SHERMAN POLICE DEPARTMENT
317 S TRAVIS

TO EXPLAIN.

THOMAS SAID THAT HIS MOTHER SENT HIM TO THE STORE. I TOLD THOMAS, HE NEEDED TO GET IN THE CAR WITH US, AND WE WERE GOING TO HIS RESIDENCE TO ISSUE HIS MOTHER A CITATION FOR CURFEW VIOLATION. UPON SAYING THAT, THOMAS CHANGED HIS STORY BY SAYING HE LEFT HIS RESIDENCE BEFORE CURFEW AND INADVERTENTLY REMAINED IN THE PUBLIC PLACE AFTER CURFEW.

I TURNED TO OFFICER MULLINS AND TOLD HIM TO GET ONE OF OUR CITATION BOOKS FROM THE PATROL VEHICLE. UPON DOING THAT ANDRE THOMAS BECAME IRATE. HE THREW HIS HANDS UP WHILE SITTING ON HIS BICYCLE AND SAID "WHY ARE YOU COMIN' UP ON ME LIKE THAT, MAN?" BEING THAT THOMAS HAD BEEN ARRESTED BEFORE FOR CURFEW VIOLATION, THOMAS HAS BEEN ISSUED A CITATION FOR CURFEW VIOLATION, THOMAS HAS BEEN WARNED SEVERAL TIMES FOR CURFEW VIOLATION, THOMAS WAS NOW CAUGHT IN A PUBLIC PLACE AFTER CURFEW AGAIN AND BECOMING IRATE AND SOMEWHAT UN-CONTROLLABLE, THOMAS WAS ARRESTED FOR CURFEW VIOLATION. HE WAS HAND-CUFFED, DOUBLE LOCKED BEHIND HIS BACK AND PLACED IN OUR PATROL VEHICLE. THOMAS' BICYCLE WAS PLACED IN THE TRUNK OF OUR PATROL VEHICLE.

THOMAS WAS TRANSPORTED TO SHERMAN POLICE DEPT. THOMAS WAS PROCESSED INTO THE SHERMAN POLICE DEPT. FOR CURFEW VIOLATION. THOMAS SAID WE COULD MAKE CONTACT WITH HIS MOTHER AT PHONE [REDACTED]. I CALLED THAT NUMBER IN AN ATTEMPT TO SPEAK WITH ROCHELLE THOMAS, WHO IS SAID TO BE THE MOTHER OF ANDRE THOMAS. ROCHELLE THOMAS WAS UNABLE TO SPEAK ON THE PHONE AT THE TIME BUT THE BLACK MALE INDIVIDUAL WHO ANSWERED THE PHONE SAID HE WOULD MAKE CONTACT WITH HER AND SEND HER TO THE POLICE DEPT. TO PICK UP HER CHILD.

AFTER APPROX. AN HOUR, ROCHELLE THOMAS HAD STILL NOT ARRIVED AT THE SHERMAN POLICE DEPT. TO PICK UP HER CHILD. A SECOND CONTACT WAS MADE WITH HER AT [REDACTED] AT APPROX. 2 A.M. THOMAS STATED SHE DID NOT HAVE TRANSPORTATION TO COME TO THE POLICE DEPT. TO PICK UP HER CHILD AND WANTED TO KNOW IF SHE COULD SEND HER SON, ERIC ROSS. AFTER BEING TOLD THAT THAT WOULD BE ACCEPTABLE, SHE SENT ERIC ROSS. ERIC ROSS ARRIVED AT THE SHERMAN POLICE DEPT. AT APPROX. 2:05 A.M. ANDRE THOMAS WAS RELEASED TO ERIC ROSS AT 2:10 A.M. ERIC ROSS SIGNED THE JUVENILE DETENTION REPORT, TAKING RESPONSIBILITY FOR ANDRE THOMAS. ANDRE THOMAS' BICYCLE WAS RELEASED WITH HIM. NO PROPERTY WAS TAKEN FROM HIM.

<<< Segment 2 >>>

FOLLOW UP NARRATIVE:CURFEW 07/02/98 1134 HRS MELSON 034

At this time no other follow up will be necessary. The suspect was taken into custody and brought to S.P.D. where he was released to an Eric Ross, after the suspect's mother was contacted. The case will be heard in the City of Sherman Municipal Court.

<<< Segment 3 >>>

Date Printed:
Apr 08 2004

INCIDENT REPORT

SHERMAN POLICE DEPARTMENT
317 S TRAVIS

07-12-98 APPROVED SGT AYERS

Officer 1: MCREE, MARK - 108
Disposition Code : ACJ

Officer 2: MELSON, JACK - 034

291

01589

Exhibit 105

Child Protective Services

Case # 23895856

Case File Print for Thomas,Rochelle (23895856)

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Case Name: Thomas,Rochelle
Case #: 23895856

CASE FILE COVER SHEET

CASE FILE MANAGEMENT
Case Information

Case Closure Date: 05/16/2000

Storage Location FPS

FPS Office Location

Program: CPS Reg/Div: 003 Region 3

Unit: 36 Mail Code: 2651

Location

Name:
Street:

City:

Locating Information:

Archive Dates

Eligible: Complete:

RECORDS RETENTION

Class Type: Invstgtn - Closed after complete invstgtn, other

Destruction Date:

Case Closure Date: 05/16/2000

Date Extension Reason:

STAGE INFORMATION

Mrg	Stage Name	Stg Type	Opened	Closed	Primary	Reg	Stage ID	Ov	Dsp
	Thomas,Rochelle	INV PHNG2	10/25/1999	05/16/2000	Farris,Deidra	03	25561812	MOV	
	Thomas,Rochelle	INT PHNG2	10/21/1999	10/25/1999	Farris,Deidra	03	25556134		

PRINCIPALS IN THE CASE

- Name: [REDACTED]
 Person ID: 26845779
 Sex: Male DOB: [REDACTED] SSN: [REDACTED] Status: Inactive
- Name: Andre L Thomas
 Person ID: 16380221
 Sex: Male DOB: [REDACTED] SSN: [REDACTED] Status: Inactive

Case Name: Thomas,Rochelle
Case #: 23895856

CASE FILE COVER SHEET

3. Name: Rochelle Thomas
Person ID: 16380222
Sex: Female DOB: [REDACTED] SSN: Status: Inactive

Case Name: Thomas, Rochelle
Case #: 23895856

CASE EVENT LIST

EVENT DATE: 10/21/1999 TYPE: Recorded Call STATUS: APRV
DESCRIPTION: Record call PERSONS:
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Lee Henry

EVENT DATE: 10/21/1999 TYPE: Assignment STATUS: COMP
DESCRIPTION: Primary Assignment Issued PERSONS: Terri Segura
For: Segura, Terri
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Lee Henry

EVENT DATE: 10/21/1999 TYPE: Notification STATUS: COMP
DESCRIPTION: Notification to Law PERSONS:
Enforcement
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Anna Greiner

EVENT DATE: 10/21/1999 TYPE: Assignment STATUS: COMP
DESCRIPTION: Primary Assignment Issued PERSONS: Amy Marie Ball
For: Ball, Amy M
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Anna Greiner

EVENT DATE: 10/22/1999 TYPE: Assignment STATUS: COMP
DESCRIPTION: Primary Assignment Issued PERSONS: Deidra Farris
For: Farris, Deidra
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Amy Marie Ball

EVENT DATE: 10/25/1999 TYPE: Notification STATUS: COMP
DESCRIPTION: Notification to Law PERSONS:
Enforcement
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

Case Name: Thomas, Rochelle
Case #: 23895856

CASE EVENT LIST

EVENT DATE: 10/25/1999 TYPE: Stage STATUS: COMP
DESCRIPTION: Intake Stage Closed PERSONS:
STAGE: Intake STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 04/19/2000 TYPE: EA Eligibility STATUS: APRV
DESCRIPTION: EA Eligibility PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 10/27/1999 TYPE: Contact STATUS: APRV
DESCRIPTION: Contact - Home Visit PERSONS: [REDACTED]
Rochelle Thomas
Andre L Thomas
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris
CONTACT DATE: 10/27/1999

EVENT DATE: 10/27/1999 TYPE: Contact STATUS: APRV
DESCRIPTION: Contact - Gather/Obtain Info PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris
CONTACT DATE: 10/27/1999

EVENT DATE: 05/16/2000 TYPE: Approval STATUS: COMP
DESCRIPTION: DF - Approve CPS PERSONS:
Investigation
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 05/16/2000 TYPE: Stage STATUS: COMP
DESCRIPTION: Investigation Stage Closed PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: SYSTEM

Case Name: Thomas, Rochelle
Case #: 23895856

CASE EVENT LIST

EVENT DATE: 05/16/2000 TYPE: Case-General STATUS: COMP
DESCRIPTION: Case Closed PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: SYSTEM

EVENT DATE: 10/25/1999 TYPE: Stage STATUS: APRV
DESCRIPTION: Investigation Stage Opened PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 05/11/2000 TYPE: Conclusion STATUS: APRV
DESCRIPTION: Investigation Conclusion PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 11/20/1999 TYPE: Stage STATUS: APRV
DESCRIPTION: Investigation Actions PERSONS:
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

EVENT DATE: 11/20/1999 TYPE: Assessment STATUS: APRV
DESCRIPTION: Risk Assessment - PERSONS: [REDACTED]
Investigation Rochelle Thomas
Andre L Thomas
STAGE: Investigation STAGE TYPE: PHNG2
LAST UPDT BY: Deidra Farris

Case Name: Thomas, Rochelle

Case #: 23895856

EXTERNAL DOCUMENTATION

DESCRIPTION	DATE OBTAINED	ITEM LOCATION	DETAILS
EA Application	04/19/2000	Case File	

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SUMMARY

Intake #: 25556134	Date Reported: 10/21/1999
Primary Allegation: Physical Neglect	Time Reported: 03:29 PM
Worker Safety Issues: N	L/E Notification Date: 10/21/1999
Sensitive Issues: N	L/E Jurisdiction: Sherman Pd
Suspected Manufacturing of Methamphetamines:	
Special Handling:	
Priority Determination: 2	Reason for Closure:
Determination Factors: Child age 0-6	Worker Taking Intake: Henry, Lee
Child accessible to AP	AUSTIN
Child unprotected	Ext. [REDACTED]
Abuse/neglect occur now	
House lacks utilities	

Case Name: Thomas,Rochelle Case #: 23895856
--

INTAKE REPORT CHILD PROTECTIVE SERVICES

PRINCIPAL INFORMATION

	Oldest Victim	Alleged Victim
--	---------------	----------------

Approx: N	Age: [REDACTED] DOB: [REDACTED] Sex: Male	SSN: [REDACTED] DOD: [REDACTED] Reason:	Language: English Ethnicity: Black-White (Hispanic) Marital: Child,not applicable
-----------	---	---	---

Addresses:

Residence [REDACTED]
SHERMAN, TX 75090-4114
GRAYSON

Attn:
Notes:

Phones:Aliases:Notes:

Rochelle Thomas	Parent	Alleged Perpetrator
-----------------	--------	---------------------

Approx: N	Age: [REDACTED] DOB: [REDACTED] Sex: Female	SSN: [REDACTED] DOD: [REDACTED] Reason:	Language: English Ethnicity: Black (non-Hispanic) Marital: Married
-----------	---	---	--

Addresses:

Residence [REDACTED]
SHERMAN, TX 75090-4114
GRAYSON

Attn:
Notes:

Phones:Aliases: Rochelle M ThomasNotes:

Andre L Thomas	Step-Sibling	Unknown
----------------	--------------	---------

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

Approx: N Age: SSN: Language: English
DOB: DOD: Ethnicity: Black (non-Hispanic)
Sex: Male Reason: Marital: Single, never MA

Addresses:

Residence: Attn:
SHERMAN, TX 75090-4114
GRAYSON Notes:

Phones:

Aliases: Andre Thomas

Notes:

Case Name: Thomas,Rochelle

Case #: 23895856

INTAKE REPORT CHILD PROTECTIVE SERVICES

ALLEGATION DETAIL

VictimAllegation(s)
Physical NeglectAlleged Perpetrator(s)
Thomas,Rochelle

CALL NARRATIVE

Document worker safety issues, special or sensitive case handling information on the Special Handling Window.

GENERAL INFORMATION / DESCRIPTION:

MO, SB and OV live in a home with no utilities. The home has no running water. MO goes to a fire hydrant and steals water from the city. MO has connected a gas line directly to the utility gas line, by-passing the meter.

OV is allowed to run outside without shoes. He has developed behavior problems. He screams when he does not get his way. MO does not discipline him in any way. OV had defecated in his clothes.
MO took him outside and hosed him down with a water hose.

Lee Henry, PSIS II

Staffed with Mary Ruth Bahari, SWI supervisor, recommended PHNG, P2

CONCLUSIONS:

PHNG, P2

The health and well-being of 3 yo male OV is being threatened by living in a home with no utilities. MO is also endangering OV's health by using inappropriate means to wash him. The absence of any discipline is allowing OV to develop behavior problems at an early age.

Match found.

CPS CLD Thomas,Rochelle GRAYSON Douglas,Kristy L INV 16086193 4118
16074190 N

LOCATING INFORMATION: Directions. When the family is home. Where the victim can be seen.

WORKER SAFETY ISSUES:

SENSITIVE ISSUES:

Case Name: Thomas,Rochelle Case #: 23895856
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SUSPECTED MANUFACTURING OF METHAMPHETAMINES:

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

REPORTER INFORMATION

Addresses:

Attn:
Notes:

Phones:

Aliases:

Basis of Knowledge:

COLLATERAL INFORMATION

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

DECISIONS/RECOMMENDATIONS

Recorded Call: Henry, Lee
F0036963
AUSTIN

10/21/1999
03:29 PM

Ext. [REDACTED]

Approved:

() - Ext.

Stage Change/Closed: Deidra Farris
C0029143

10/25/1999
12:00 AM

Ext. [REDACTED]

Initial Priority: 2

Current Priority: 2

Priority Changes:

Reason for Closure:

If this report is sent to you by facsimile and you are unable to read any of the
pages, please call
(512) 834-3784 Ext. 1131

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

**NOTIFICATION TO LAW ENFORCEMENT AGENCY OF ABUSE/NEGLECT
REPORT**

SECTION 261.105 (T.F.C.) Requires that Children's Protective Services notify the appropriate law enforcement agency of all reports of abuse/neglect received by the Department other than reports received from such agencies. This letter confirms that CPS has notified you of the report of child abuse/neglect specified below.

TO: Sherman Pd

DATE:

FROM: Fort Worth Ben

PHONE: (817) 255-8700 Ext.

CONFIDENTIAL

CASE NAME: Thomas,Rochelle
CASE NUMBER: 23895856

DATE OF REPORT: 10/21/1999
TIME OF REPORT: 03:29 PM

HOUSEHOLD ADDRESS

SHERMAN, TX 75090-4114

INVOLVING ALLEGATION TYPES

Physical Neglect

ACTION TAKEN BY CPS:

ACTION REQUESTED: Please notify CPS staff at the above listed CPS office of all actions planned or taken in this case so that we can coordinate our respective investigations and services. If you determine that this case should be reported to another law enforcement agency, please forward this notification to the appropriate agency.

SECTION 261.201 (T.F.C.) The name of the complainant (i.e. reporter or informant) is confidential. Consequently, identifying information about the complainant is not included in this report. If this information is needed to conduct the criminal investigation, the assigned Child Protective Services worker or supervisor may orally share information about the complainant's identity with the assigned investigating officer.

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

SUMMARY

Intake #: 25556134	Date Reported: 10/21/1999
Primary Allegation: Physical Neglect	Time Reported: 03:29 PM
Worker Safety Issues: N	L/E Notification Date: 1/5/2007
Sensitive Issues: N	L/E Jurisdiction: Sherman Pd
Suspected Manufacturing of Methamphetamines:	
Special Handling:	
Priority Determination: 2	Reason for Closure:
Determination Factors: Child age 0-6	Worker Taking Intake: Henry, Lee
Child accessible to AP	AUSTIN
Child unprotected	Ext. [REDACTED]
Abuse/neglect occur now	
House lacks utilities	

Case Name: Thomas,Rochelle Case #: 23895856
--

INTAKE REPORT CHILD PROTECTIVE SERVICES

PRINCIPAL INFORMATION

	Oldest Victim	Alleged Victim
--	---------------	----------------

Approx: N	Age: [REDACTED] DOB: [REDACTED] Sex: Male	SSN: [REDACTED] DOD: [REDACTED] Reason:	Language: English Ethnicity: Black-White (Hispanic) Marital: Child,not applicable
-----------	---	---	---

Addresses:

Residence [REDACTED]
SHERMAN, TX 75090-4114
GRAYSON

Attn:
Notes:

Phones:

Aliases:

Notes:

Rochelle Thomas	Parent	Alleged Perpetrator
-----------------	--------	---------------------

Approx: N	Age: [REDACTED] DOB: [REDACTED] Sex: Female	SSN: [REDACTED] DOD: [REDACTED] Reason:	Language: English Ethnicity: Black (non-Hispanic) Marital: Married
-----------	---	---	--

Addresses:

Residence [REDACTED]
SHERMAN, TX 75090-4114
GRAYSON

Attn:
Notes:

Phones:

Aliases: Rochelle M Thomas

Notes:

Andre L Thomas	Step-Sibling	Unknown
----------------	--------------	---------

Case Name: Thomas,Rochelle
Case #: 23895856

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

Approx: N Age: SSN: Language: English
DOB: [REDACTED] DOD: Ethnicity: Black (non-Hispanic)
Sex: Male Reason: Marital: Single, never MA

Addresses:

Residence [REDACTED]
SHERMAN, TX 75090-4114
GRAYSON

Attn:
Notes:

Phones:

Aliases: Andre Thomas

Notes:

Case Name: Thomas,Rochelle Case #: 23895856
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

COLLATERAL INFORMATION

Case Name: Thomas,Rochelle

Case #: 23895856

INTAKE REPORT CHILD PROTECTIVE SERVICES

ALLEGATION DETAIL

VictimAllegation(s)
Physical NeglectAlleged Perpetrator(s)
Thomas,Rochelle

CALL NARRATIVE

Document worker safety issues, special or sensitive case handling information on the Special Handling Window.

GENERAL INFORMATION / DESCRIPTION:

MO, SB and OV live in a home with no utilities. The home has no running water. MO goes to a fire hydrant and steals water from the city. MO has connected a gas line directly to the utility gas line, by-passing the meter.

OV is allowed to run outside without shoes. He has developed behavior problems. He screams when he does not get his way. MO does not discipline him in any way
OV had defecated in his clothes.
MO took him outside and hosed him down with a water hose.

Lee Henry, PSIS II

Staffed with Mary Ruth Bahari, SWI supervisor, recommended PHNG, P2

CONCLUSIONS:

PHNG, P2

The health and well-being of 3 yo male OV is being threatened by living in a home with no utilities. MO is also endangering OV's health by using inappropriate means to wash him. The absence of any discipline is allowing OV to develop behavior problems at an early age.

Match found.

CPS	CLD	Thomas,Rochelle	GRAYSON	Douglas,Kristy L	INV	16086193	4118
16074190	N						

LOCATING INFORMATION: Directions. When the family is home. Where the victim can be seen.

WORKER SAFETY ISSUES:

SUSPECTED MANUFACTURING OF METHAMPHETAMINES:

Case Name: Thomas,Rochelle Case #: 23895856
--

**INTAKE REPORT
CHILD PROTECTIVE SERVICES**

<COVER>
<FCSFILE:CAPSFCS.PCL>
<NOTE: 23895856>
<NOTE: Thomas,Rochelle>
<TO_NAME: 25556134 Sherman Pd>
<TO_FAXNUM: (903) 892-7395>

Case Name: Thomas,Rochelle Case #: 23895856
--

Investigation Actions Report

No	Examined and interviewed each alleged victim and child at risk? Comments: Unable to locate family.
No	Interviewed each child in the household who may have information? Comments: Unable to locate family.
No	Interviewed each parent and alleged perpetrator? Comments: Unable to locate family.
No	Notified parents of interview or exam of child? Comments: Unable to locate family.
No	Explained each allegation to the parents and alleged perpetrators? Comments: Unable to locate family.
No	Gave a copy of Parent's Guide to the parents and alleged perpetrator? Comments: Unable to locate family.
No	Made a home visit? Comments: Unable to locate family.

Case Name: Thomas, Rochelle
Case #: 23895856

TITLE IV-A EMERGENCY ASSISTANCE

I. Application For Emergency Assistance

The application is being made by the child's parent or relative on the Safety Plan or by the worker on behalf of the child whose parents are unavailable or are unwilling to apply for emergency assistance.

Names of children in the family:

II. Eligibility For Emergency Assistance

1. ☐ The child and his/her family are presumed eligible for Emergency Assistance because all of the following conditions apply:
- a. Risk is indicated OR a child safety plan was necessary during this investigation; therefore, the child is at risk of abuse/neglect.
 - b. The child lives with a parent or relative or has lived with a parent or relative at some time during the past six months.
 - c. It is correct to say that we have no information that indicates that the risk of abuse/neglect was directly caused by a caretaker's refusal to accept employment or training for employment.
 - d. The family's annual income is less than \$63,000.

OR

2. ☒ The child and his/her family are NOT eligible for Emergency Assistance because one or more of the above conditions do not apply.

III. Authorization For Emergency Assistance

☐ I authorize for this family, for a period not to exceed 12 months, all assistance and services covered under the State Plan for Title IV-A Emergency Assistance, as determined to be necessary and appropriate.

IV. Signature

Worker's signature: _____ Date: _____
Employee number: C0029143

Case Name: Thomas, Rochelle
Case #: 23895856

RISK ASSESSMENT

Purpose: Investigation
Date Assessment Completed: 05/16/2000

NATURE AND EXTENT OF THE ABUSE OR NEGLECT: Each type of abuse and neglect that has been investigated is shown.

Victim: [REDACTED] AP: Rochelle Thomas
Allegation: Physical Neglect
Disposition: Family Moved Severity:

Does the AP have access to a child in the family? Yes

RISK FACTORS: The following questions are intended to identify possible "risk factors" - elements of family functioning that may place a child at risk of abuse or neglect.

PAST ABUSE, NEGLECT, AND RISK:

Is there a previous report on any family member with a disposition of reason-to-believe, unable to determine, or moved?
Comments:

Is there a previous report on any family member with a finding of risk controlled or present?
Comments:

Are there any indications that a child from this family has been abused or neglected in the past?
Comments:

Does the physical condition of the home pose a danger to any child's health or safety?
Comments:

Has any caretaker in this home ever had a child who was abused, neglected, or died of suspicious or unexplained causes?
Comments:

CURRENT RISK: THE CHILDREN

[REDACTED] age 3

Andre L Thomas, age 17

Case Name: Thomas, Rochelle
Case #: 23895856

RISK ASSESSMENT

CURRENT RISK: PARENTS AND CARETAKERS

Rochelle Thomas, Parent

RISK ASSESSMENT FINDING AND RECOMMENDED ACTION:

Finding:

Recommended Action: Close-Fam moved/cannot locate

Case Name: Thomas,Rochelle Case #: 23895856
--

RISK ASSESSMENT

Purpose: Investigation

Risk Finding:

Case Action: Close-Fam moved/cannot locate

Case Name: Thomas, Rochelle
Case #: 23895856
Stage: INV

SERVICES AND REFERRALS CHECKLIST REPORT

Date of First Referral:
No Services/Referrals:

Services/Referrals Provided

Family Response

At least one person in the family agreed to seek or accept one or more of the resources or services.

No one in the family agreed to seek or accept any of these resources or services.

Other (explain).

X Not Applicable.

Comments

Case Name: Thomas,Rochelle Case #: 23895856
--

CPS INVESTIGATION SUMMARY

Intake Received:	10/21/1999
Intake Progressed to Investigation:	10/25/1999
Investigation Initiated:	10/27/1999
Investigation Tasks Completed:	11/19/1999
Investigation Approved:	5/16/2000
 Overall Disposition:	 Family Moved
Risk Finding:	
Recommended Action:	Close-Fam moved/cannot locate
Safety Plan Completed:	No
EA Eligibility:	No
 Supervisor:	 Leland W Hale Junior
Primary Worker:	Deidra Farris
 Office:	 , TX

ALLEGATION DETAIL

<u>Victim</u>	<u>Allegation(s)</u>	<u>Alleged Perpetrator(s)</u>	<u>Disposition</u>
[REDACTED]	Physical Neglect	Thomas,Rochelle	Family Moved

Case Name: Thomas,Rochelle Case #: 23895856
--

PRINCIPAL INFORMATION

Rochelle Thomas	Parent	Unknown/Moved
------------------------	---------------	----------------------

Approx: N **Age:** 50 **SSN:** **Language:** English
DOB: [REDACTED] **DOD:** **Ethnicity:** Black (non-Hispanic)
Sex: Female **Reason:** **Marital:** Married

Address:**Residence**

[REDACTED]
 SHERMAN, TX 75090-4114
 GRAYSON

Attn:
Notes:

Phone:

() - Ext.

Notes:**Notes:**

[REDACTED]	Oldest Victim	Unknown/Moved
------------	----------------------	----------------------

Approx: N **Age:** 9 **SSN:** **Language:** English
DOB: [REDACTED] **DOD:** **Ethnicity:** Black-White (Hispanic)
Sex: Male **Reason:** **Marital:** Child,not applicable

Address:**Residence**

[REDACTED]
 SHERMAN, TX 75090-4114
 GRAYSON

Attn:
Notes:

Phone:

() - Ext.

Notes:**Notes:**

Andre L. Thomas	Step-Sibling	Unknown
------------------------	---------------------	----------------

Approx: N **Age:** 23 **SSN:** **Language:** English
DOB: [REDACTED] **DOD:** **Ethnicity:** Black (non-Hispanic)
Sex: Male **Reason:** **Marital:** Single, never MA

Address:**Residence**

[REDACTED]

Attn:

Case Name: Thomas,Rochelle Case #: 23895856
--

JAIL
SHERMAN, TX 75090
GRAYSON

Notes:

Phone:

() - Ext.

Notes:

Notes:

Case Name: Thomas,Rochelle Case #: 23895856
--

REPORTER INFORMATION

--

Address:

Attn:
Notes:

Phone:

Notes:

Basis of Knowledge:

COLLATERAL INFORMATION

INVESTIGATION INFORMATION

Case Name: Thomas, Rochelle
Case #: 23895856

HISTORY OF INVESTIGATION

Investigation Completion Date: 11/19/1999

Victim:	[REDACTED]	AP:	Rochelle Thomas
Allegation:	Physical Neglect		
Disposition:	Family Moved	Severity:	

Overall Disposition: Family Moved
Risk Finding:

Case #: 23895856

APPROVAL FORM

STAGE NAME: Thomas,Rochelle

STAGE: Investigation

STAGE TYPE: PHNG2

SUBMITTED BY: Deidra Farris

EVENT DESCRIPTION(S):

Investigation Conclusion

EA Eligibility

Investigation Actions

Risk Assessment - Investigation

Contact - Home Visit

Contact - Gather/Obtain Info

Investigation Stage Opened

APPROVED BY:

NAME

Leland W Hale Junior

TITLE:

Protective Services Specialist V

DATE SUBMITTED:

5/11/2000

DATE APPROVED/REJECTED: 5/16/2000

STATUS:

Approved

Case Name: Thomas, Rochelle
Case #: 23895856

LOG OF CONTACTS

Date From: 1/1/1850

Date To:

Contact ID: 43715097
Date Occurred: 10/21/1999
Time Occurred: 04:10 PM

Narrative: N
Contacted By: Anna Greiner

Type: Notification
Attempted: N
Method: Letter Sent
Purpose: Notif/ of LE
Location:

Names:
Law Enforcement

Contact ID: 43754374
Date Occurred: 10/25/1999
Time Occurred: 09:19 AM

Narrative: N
Contacted By: Deidra Farris

Type: Notification
Attempted: N
Method: Letter Sent
Purpose: Notif/ of LE
Location:

Names:
Law Enforcement

Case Name: Thomas, Rochelle
Case #: 23895856

LOG OF CONTACTS

Date From: 1/1/1850

Date To:

Contact ID: 47107384
Date Occurred: 10/27/1999
Time Occurred:

Narrative: Y
Contacted By: Deidra Farris

Names: [REDACTED] [REDACTED]
Rochelle Thomas
Andre L Thomas

Type: Contact
Attempted: N
Method: Face to Face
Purpose: Home Visit
Location: Residence

Contact ID: 47107836
Date Occurred: 10/27/1999
Time Occurred:

Narrative: Y
Contacted By: Deidra Farris

Names: School Principal

Type: Contact
Attempted: N
Method: Telephone Call To
Purpose: Gather/Obtain Info
Location:

Case Name: Thomas,Rochelle Case #: 23895856
--

LOG OF CONTACT NARRATIVES

Date From: 1/1/1850

Date To: 12/31/4712

Contact ID: 47107384

Person Contacted: [REDACTED]
Type: Contact

Date: 10/27/1999
Location: Residence

CONTACT NARRATIVE

Attempted home visit. I could find no such address as "[REDACTED]" in Sherman.

Contact ID: 47107836

Person Contacted:
Type: Contact

Date: 10/27/1999
Location:

CONTACT NARRATIVE

Sherman High School does not have a student by the name of Andre Thomas. I checked the phone book and found no listing for Rochelle Thomas and so I was not able to obtain additional locating information.

PERSON NAME: Andre L Thomas
PERSON ID#: 16380221

PERSON DATA REPORT

Andre L Thomas

DOB: [REDACTED]
APPROX: N
AGE: 23
DOD:
REASON:
SEX: Male
LANGUAGE: English
ETHNICITY: Black (non-Hispanic)
MARITAL STATUS: Single, never MA
LIVING ARRANGEMENT:
OCCUPATION:
RELIGION:

STATUS: Inactive CATEGORY: Case

AKA NAMES:

Andre Thomas
START DATE: 02/27/1995 END DATE:

HISTORY OF CHARACTERISTICS:

HISTORY OF PERSON ID'S:

SSN: Primary
START DATE: 11/15/1985 END DATE:

TDHS Client #: Primary
START DATE: 11/15/1985 END DATE:

HISTORY OF ADDRESSES:

TYPE: Residence Primary
ADDRESS: [REDACTED]
SHERMAN, Texas 75090
COUNTY: GRAYSON
COMMENTS:
START DATE: 05/13/2004 END DATE:

PERSON NAME: Andre L Thomas
 PERSON ID#: 16380221

PERSON DATA REPORT

TYPE: Residence
 ADDRESS: [REDACTED]
 SHERMAN, Texas 75090-4114
 COUNTY: GRAYSON
 COMMENTS:
 START DATE: 10/21/1999 END DATE: 05/13/2004

TYPE: Residence
 ADDRESS: [REDACTED]
 SHERMAN, Texas
 COUNTY: GRAYSON
 COMMENTS:
 START DATE: 08/22/1996 END DATE: 10/21/1999

TYPE: Residence
 ADDRESS: [REDACTED]
 SHERMAN, Texas 75090-7115
 COUNTY: GRAYSON
 COMMENTS:
 START DATE: 02/27/1995 END DATE: 08/22/1996

TYPE: Residence
 ADDRESS: [REDACTED]
 SHERMAN, Texas 75090
 COUNTY: GRAYSON
 COMMENTS:
 START DATE: 11/22/1985 END DATE: 02/27/1995

HISTORY OF PHONES:

HISTORY OF CASES:

ID_CASE:	ID STAGE:	DATE STAGE CLOSED:	STAGE TYPE:	PROGRAM:
23895856	25556134	10/25/1999	INT	CPS
23895856	25561812	05/16/2000	INV	CPS
25113559	29651157	03/30/2004	INT	CPS
25113559	29655903	05/28/2004	INV	CPS

PERSON NAME: Rochelle Thomas
PERSON ID#: 16380222

PERSON DATA REPORT

Rochelle Thomas

DOB: [REDACTED]
APPROX: N
AGE: 50
DOD:
REASON:
SEX: Female
LANGUAGE: English
ETHNICITY: Black (non-Hispanic)
MARITAL STATUS: Married
LIVING ARRANGEMENT:
OCCUPATION:
RELIGION:

STATUS: Inactive CATEGORY: Case

AKA NAMES:

Rochelle M Thomas
START DATE: 11/22/1985 END DATE:

HISTORY OF CHARACTERISTICS:

HISTORY OF PERSON ID'S:

SSN: Primary
START DATE: 11/15/1985 END DATE:

TDHS Client #: Primary
START DATE: 11/15/1985 END DATE:

HISTORY OF ADDRESSES:

TYPE: Residence Primary
ADDRESS: [REDACTED]
SHERMAN, Texas 75090-4114
COUNTY: GRAYSON
COMMENTS:
START DATE: 10/21/1999 END DATE:

PERSON NAME: Rochelle Thomas
PERSON ID#: 16380222

PERSON DATA REPORT

TYPE: Residence
ADDRESS: [REDACTED]
SHERMAN, Texas 75090-7115
COUNTY: GRAYSON
COMMENTS:
START DATE: 02/27/1995 END DATE: 10/21/1999

TYPE: Residence
ADDRESS: [REDACTED]
SHERMAN, Texas 75090
COUNTY: GRAYSON
COMMENTS:
START DATE: 11/22/1985 END DATE: 02/27/1995

HISTORY OF PHONES:

HISTORY OF CASES:

ID_CASE:	ID STAGE:	DATE STAGE CLOSED:	STAGE TYPE:	PROGRAM:
23895856	25556134	10/25/1999	INT	CPS
23895856	25561812	05/16/2000	INV	CPS

PERSON NAME:
PERSON ID#:

PERSON DATA REPORT

DOB:
APPROX:
AGE:
DOD:
REASON:
SEX:
LANGUAGE:
ETHNICITY:
MARITAL STATUS:
LIVING ARRANGEMENT:
OCCUPATION:
RELIGION:

STATUS:

CATEGORY:

AKA NAMES:

HISTORY OF CHARACTERISTICS:

HISTORY OF PERSON ID'S:

HISTORY OF ADDRESSES:

TYPE:
ADDRESS:

COUNTY:
COMMENTS:
START DATE:

END DATE:

HISTORY OF PHONES:

PERSON NAME:
PERSON ID#:

PERSON DATA REPORT

HISTORY OF CASES:

ID_CASE:	ID STAGE:	DATE STAGE CLOSED:	STAGE TYPE:	PROGRAM:
----------	-----------	--------------------	-------------	----------

PERSON NAME: Juan Piescina, Junior
PERSON ID#: 26845779

PERSON DATA REPORT

[REDACTED] [REDACTED]
DOB: [REDACTED]
APPROX: N
AGE: 9
DOD:
REASON:
SEX: Male
LANGUAGE: English
ETHNICITY: Black-White (Hispanic)
MARITAL STATUS: Child, not applicable
LIVING ARRANGEMENT:
OCCUPATION:
RELIGION:

STATUS: Inactive CATEGORY: Case

AKA NAMES:

HISTORY OF CHARACTERISTICS:

HISTORY OF PERSON ID'S:

HISTORY OF ADDRESSES:

TYPE: Residence Primary
ADDRESS: [REDACTED]
SHERMAN, Texas 75090-4114
COUNTY: GRAYSON
COMMENTS:
START DATE: 10/21/1999 END DATE:

HISTORY OF PHONES:

PERSON NAME: Juan Piescina, Junior
PERSON ID#: 26845779

PERSON DATA REPORT

HISTORY OF CASES:

ID_CASE:	ID STAGE:	DATE STAGE CLOSED:	STAGE TYPE:	PROGRAM:
23895856	25556134	10/25/1999	INT	CPS
23895856	25561812	05/16/2000	INV	CPS

Person Name: Andre L Thomas

CPS LEGAL LOG

Person Name: Rochelle Thomas

CPS LEGAL LOG

Person Name: [REDACTED] [REDACTED]

CPS LEGAL LOG

Case Name: Thomas, Rochelle
Case ID: 23895856

EDUCATION LOG

PERSON NAME: Andre L Thomas
PERSON ID: 16380221

Case Name: Thomas, Rochelle
Case ID: 23895856

EDUCATION LOG

PERSON NAME: Rochelle Thomas
PERSON ID: 16380222

Case Name: Thomas, Rochelle
Case ID: 23895856

EDUCATION LOG

PERSON NAME: [REDACTED]
PERSON ID: 26845779

Case Name: Thomas, Rochelle
Case ID: 23895856

INCOME AND RESOURCES REPORT

PERSON NAME: Andre L Thomas
PERSON ID: 16380221

Total Monthly Income: \$0.00

Case Name: Thomas, Rochelle
Case ID: 23895856

INCOME AND RESOURCES REPORT

PERSON NAME: Rochelle Thomas
PERSON ID: 16380222

Total Monthly Income: \$0.00

Case Name: Thomas, Rochelle
Case ID: 23895856

INCOME AND RESOURCES REPORT

PERSON NAME: [REDACTED]
PERSON ID: 26845779

Total Monthly Income: \$0.00

Case Name: Thomas, Rochelle
Case ID: 23895856

RECORDS CHECK REPORT

Person Name: Andre L Thomas
Person ID: 16380221

Case Name: Thomas,Rochelle
Case ID: 23895856

RECORDS CHECK REPORT

Person Name: Rochelle Thomas
Person ID: 16380222

RECORDS CHECK TYPE: FPS History Check
REQUESTOR: Deidra Farris
REQUESTOR ID: 5653
DATE OF REQUEST: 04/18/2000
DATE COMPLETED: 04/18/2000
COMMENTS:

Case Name: Thomas,Rochelle
Case ID: 23895856

RECORDS CHECK REPORT

Person Name:
Person ID:

Case Name: Thomas, Rochelle
Case ID: 23895856

RECORDS CHECK REPORT

Person Name: [REDACTED]
Person ID: 26845779

Exhibit 106

Grayson County Department of Juvenile Services Chronological Notes

on 28-Mar-1999 5:44p

ser: MP

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

Chronological Notes

02/04/1999 - 03/28/1999

1

tion: ALL

THOMAS, ANDRE Race: B Sex: M DOB: [REDACTED] PID: 2020

February 17, 1999 REPORTING CONTACT by MICKEL POLK

Resp came to the office to report this date, JPO was in the field at that time. AHV \ Went by resp's home but he was at the office.mlp

February 18, 1999 SCHOOL VISIT by MICKEL POLK

Resp at school all ok. He stated that home is good. I talked to resp about him reporting on tuesdays. He works sometimes on tuesdays I told resp that he will have to do like he did yesterday. I also spoke to resp about being scheduling CSR for him and he not show up. I advised that he needed to attend the next workday when he is scheduled.mlp

March 2, 1999 SCHOOL VISIT by MICKEL POLK

Went to have SV resp was not at school this day.mlp

March 9, 1999 REPORTING CONTACT by MICKEL POLK

Resp still working at Popyes he will pay \$45.00 on fees this date. Home is good is staying w/ bro Eric now bcz he can't get along w/ Juan his fth's boyfriend. The address is [REDACTED]. Resp's advise that his girlfriend Laura Bowen is expecting a baby and he is the Fth. He wanted to tell me that they will be hanging around together. I told resp that if they got in trouble together they will suffer the consequences. He was advised that his probation will be modified bcz he has not paid fees like he was ordered.mlp

March 16, 1999 PHONE CALL by MICKEL POLK

Resp called to advised that he was sick and at his fth's house. He said that he will be at school tomorrow.mlp

March 17, 1999 SCHOOL VISIT by MICKEL POLK

Resp was at school he said that he still felt bad but came in anyway. He stated that he was off from work most of this week. He will be out to report thursday.mlp

March 25, 1999 REPORTING CONTACT by MICKEL POLK

Resp came to the office to report and pay fees. He paid \$30.00. He is still working at PFC.mlp

End of report...

9658

0301

AT009666

Exhibit 107

Sherman ISD Record Letter to Rochelle Thomas



P.O. BOX 1176 SHERMAN, TEXAS 75091-1176

PHONE# (903)891-6400 FAX# (903)891-6407

May 18, 1999

Rochelle Thomas
2201 E. Tuck
Sherman, TX 75090

Dear Ms. Thomas:

On Tuesday, May 18, 1999, a hearing was held to consider expulsion of your son, Andre Thomas, from the AEP class. Based on the facts presented by Steve Gentry, AEP Instructor, I am expelling Andre for the purpose of placement in the Alternative Learning Academy at the Grayson County Airport. During the time of his expulsion he is barred from entering school property without express permission of the principal. When Andre has successfully completed this alternative educational program, his expulsion will be considered ended.

According to the Texas Education code, I need to remind you of your responsibility to provide adequate supervision of Andre during the period of expulsion, and also that I am required to notify the county juvenile authorities. If you desire to appeal the decision to the Sherman ISD Board of Trustees, you must make a written request to the superintendent for an appeal hearing within 3 days of the receipt of this letter and the hearing will be set.

We hope this proves to be a positive experience for Andre and will allow him to return to the regular school programs.

Sincerely,

Tommy Hudspeth
Executive Director of Pupil Services

cc: Bill Bristow, Juvenile Detention Center
Shari Campbell, Alternative Learning Center at Douglass
Steve Gentry, AEP Instructor

TH/mc

6223

03814

Exhibit 108

Mental Health Retardation Services of Texoma records on Andre Thomas

Sent by: HMMR SERVICE TEXOMA

05-19-99 09:03

FROM: 20010 1022700100.100

(Confidential) Contact Registration Admission Update (Confidential)

5/17/99 2:50 PM Staff: 912 Name: Rodney Hough RU: 2101
 Client ID: 591423 Form Use: (C) Initial Contact: R - Registration A - Admission U - Update
 Name: (L) Thomas (F) Andre (M) Lee

Sex: M - Male F - Female U - Unknown
 Ethnic Group: W - White (B) Black AI - American Indian A - Asian MA - Mexican/Mexican American PR - Puerto Rican
 C - Cuban OH - Other Hispanic U - Unknown

Date of Birth: [REDACTED] DCB Estimated? Yes No
 Presenting Problem: 1 - MH 2 - MR 3 - Alc 4 - Drug 5 - SCI 6 - Related Condition (MR)
 Risk History: Suicide: Homicide: Violence: Psychosis:
 Contact with: 1 - Client Name: 2 - Informant Agency/Relationship: Code: 3 - Referral Address: City St. Zip

Phone: Follow-up Date: 1/1/

Current (CUR) Address: [REDACTED] Other Circle Type: PER-Permanent MAL-Mailing
 Address: Address:
 City: City:
 State: Zip: 75070 Cnty: Grayson State: Zip: Cnty:
 Telephone: (1) No phone Type: (2) Type:
 Living Arrangement: 1 - Family/Relatives 2 - Group Qtrs 3 - In Own Dwelling 4 - Homeless 5 - Medical 6 - Correctional
 7 - Other Institutional

Emergency Contact: [REDACTED] Other Contact:
 Relate: Type: Relate: Type:
 Address: Address:
 City: State: Zip: City: State: Zip:
 Telephone: Type: Telephone: Type:

Legal Status This Admission: 1 - Voluntary 2 - Involuntary - Civil 3 - Involuntary - Criminal
 Social Security Number: Care ID:
 MR Participant Groups: CB SB PD HC TS EC
 Guardianship: 1 - Minor 2 - Minor/Conservator 3 - Adult W/G Estate & Person 4 - Adult W/G Estate 5 - Adult W/G Person
 6 - Limited Guardian 7 - No Guardian 8 - No Guardian
 Marital Status: 1 - Married 2 - Widowed 3 - Divorced 4 - Separated 5 - Never Married 6 - Unknown/N/A
 Primary Language: Religion:
 Education Level Achieved: Special Education: Yes No
 Last Year of School Completed: Current Education Status:
 Employment information of: 1 - Client 2 - Parent 3 - Child 4 - Guardian
 Employment Status: 1 - Full Time 2 - Part Time 3 - Not Employed
 Not Employed: 1 - Disabled 2 - Drinking 3 - Homemaker 4 - Hospital 5 - Jail 6 - Looking 7 - No Skills 8 - Not Looking
 9 - Retired 10 - Seasonal 11 - Student 12 - Temp Laid Off 13 - Other

Co. Name/Employer Occupation: Est. Months Emp.:

Prior History: Type of History: From: Thru:
 Facility Type: Code: Name: #Adm:

Significant Medical Problems:

Non-Center Meds: Phy. Prescribed: Y N Doctor:
 Phy. Prescribed: Y N Doctor:

Benefits (1) For: Status: (2) For: Status: (3) For: Status:
 Planned Event: Staff: R.U. Sac: Sub:

Memo:

Refer to: Agency Code: Address:
 Phone: Follow-up Date:

RU: Staff ID: Appt: SAC Sub Crisis Start Stop Duration Rcp Set Mode Rec time Obj
 2101 412 2 110 N 2:00 3:45 P 1:45 1 3 F Y

Assign Responsible Staff: Staff Type: Assigned RU:

JRG 11/03/2009 10:00 AM

02358

05-19-99 08:03

RECEIVED FROM: 9034638592

P. 02

AT003080

Sent by: HHNR SERVICE TEXOMA 05-19-99 09:04

from 903463859270038077001

I met with Andre at the request of Mike Falk. Andre had made a threat to kill himself. Andre reports some mild symptoms of a depressive disorder but not enough to be Major Depression. Andre's threat of suicide is manipulative in that it is only if he has to go to ALA. In one statement he reports he will kill himself and then he contradicts himself saying he wouldn't kill himself because he wants to be around in September when his child is born. Andre signed a NO suicide contract and stated he was sincere about what the contract said. I left a copy for him and ~~with~~ a copy for JPD. Andre's Mother should be encouraged to keep an eye on him to assure his safety.

Andre would probably benefit from counseling and maybe a mediation evaluation. He reports he is willing to seek these services. His Mother should be encouraged to call TYFS to schedule an intake.

Rodney Hough M.Ed. LPC FAIII 5-18-99

3098

05-19-99 08:04

RECEIVED FROM: 9034638592

02359

P. 03

AT003081

Exhibit 109

Grayson County Juvenile Court Order of Detention for Andre Thomas

CAUSE NO. 5963

IN THE MATTER OF:) (IN THE 59TH JUDICIAL DISTRICT
ANDRE THOMAS) (COURT OF GRAYSON COUNTY, TEXAS
A CHILD (DOB: [REDACTED])) (SITTING AS A JUVENILE COURT

ORDER OF DETENTION

On the 29th day of June, 1999, having previously found there is probably cause to believe that the child has:

- ☐ engaged in delinquent conduct.
☐ engaged in conduct indicating a need for supervision,
☒ violated a valid court order,

A detention hearing was held in accordance with Title III, Section 54.01 of the Texas Family Code. The child was present and was represented by Mike Dunn. Also present were the petitioner, represented by Mark Teague and the Grayson County Juvenile Probation Department represented by Mike Polk.

- ☒ The child's parent, guardian, custodian or relative Rochelle Thomas, were/was present.
☒ No parent or guardian was present and Mike Dunn was appointed by the court as the child's guardian ad litem for the purpose of this hearing.

Proper notice and warning as providing for by Section 54.01 of the Texas Family Code were given. Having considered the evidence, the Court finds that the child should be detained by reason of the following:

- ☒ said child is likely to abscond or be removed from the jurisdiction of the Court;
☒ suitable supervision, care or protection for said child is not being provided by a parent, guardian, custodian or other person;
☐ said child has no parent, guardian, custodian or other person able to return the child to the court when requested;
☐ said child is accused of committing a felony offense and may be dangerous to himself/herself or others if released: or

5743

03113

AT009764

Order of Detention
Page 2 Cause No.5963

 X said child has previously been found to be a delinquent child or has previously been convicted of a penal offense punishable by a term in jail or prison and is likely to commit an offense if released.


The Court finds that it is in the best interest of the child and of the community for the child to be placed outside his/her home. The Court further finds that the child has been removed from his/her home and the Court approves the removal.

IT IS THEREFORE, THE ORDER OF THIS COURT that the child be detained in the Cooke, Fannin and Grayson County Juvenile Detention Center and remain there until the conclusion of a disposition hearing or until further order of the Juvenile Court, but in no event shall this order be effective for more than ten (10) working days without further proceedings under Section 54.01 of the Texas Family Code.

IT IS FURTHER ORDERED that the Grayson County Juvenile Probation Department be responsible for the child's placement, care and control.

Signed this 29th day of June, 1999.

Honorable


FILED FOR RECORD
99 JUN 29 PM 1:46
CYNTHIA SPELDER
DISTRICT CLERK
GRAYSON COUNTY

97-14

03114

AT009765

Exhibit 110

Grayson County Department of Juvenile Services Chronological Notes

Tue 13-Jul-1999 2:49p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

1

User: MP

Chronological Notes

06/19/1999 - 07/13/1999

Eion: ALL

THOMAS, ANDRE Race: B Sex: M DOB: [REDACTED] PID: 2020

June 28, 1999 HOME VISIT by MICKEL POLK

Resp was at bros appt I advosed that I had driective on resp. His bro Eric told resp to go w/ us. He was transported to the JDC by this PO & PO Bullard. Called atty parent and crt to set up hearing for 1:00pm on 06/29/99.mlp

June 29, 1999 COURT by MICKEL POLK

Resp was transported to crt where he contested detention. Resp was ordered by Judge Nall.mlp

June 30, 1999 PLACEMENT by DEANA STATON

Notified TYFS/MHMR re: Andre making suicidal statement. Also stated that on 6/29 in JDC he had scraped his wrist(left) with his fingernails. NO communication was sent to ALA when he was brought to ALA on 6/30. DI VanTassel called JDC and they stated he had scraped his wrist the previous night. Andre stated to LT Barclay that he had done this with a knife. A few minutes later he stated he had scraped his wrist with his fingernails to CM Hastings, DI VanTassel, LT Barclay and myself. I called and spoke with Chris McCusker/Shift Supervisor at JDC, he stated that he had scraped the skin off his wrist with his fingernails. JDC staff then had him clip his fingernails after incident. I asked if MHMR/TYFS had been notified of incident and he stated no.DS

June 30, 1999 COLLATERAL CONTACT by MICKEL POLK

Resp was taken to ALA and stated complaning about arm pains and made another suicide outcry. TYFS was called to see resp. I called resps mth to advised her of the incident. I spoke to Captin K. and advised that I will hold resp until we staff him.mlp

July 1, 1999 DETENTION CONTACT by MICKEL POLK

Spoke to resp in JDC and advised that I felt that he was faking his syptoms to make staff think he was having heart problems. I advised that I along w/ other staff are through w/ him and if he is going to play games instead of following his prob. he can go to BC or TYC. He wants to go to ALA now. I advised that I will recommend BC.mlp

July 2, 1999 DETENTION CONTACT by MICKEL POLK

Met w/ resp in JDC he stated that he wanted to try ALA again I advised that it was not an option. I advised that I will start the paper work for resp. He still wants to dictate his prob conditions. I told resp that he has a choice he can execpt the fact that he is going to Bootcamp of fight it and have a hard time.mlp

9650

03006

AT009656

Fri 25-Jun-1999 5:10p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

3

User: MP

Chronological Notes

05/22/1999 - 06/25/1999

Selection: ALL

THOMAS, ANDRE

Race: B

Sex: M

DOB: [REDACTED]

PID: 2020

June 7, 1999 SCHOOL VISIT by MICKEL POLK

Resp was at school this date he still needs a yellow shirt. I spoke to Mr. Carter again and he stated that he will get a couple.mlp

June 8, 1999 HOME VISIT by MICKEL POLK

Resp was not at school this date. While in route to resp's home I saw his mth walking. I stopped and spoke to her about resp not being at school. She stated that she spoke to resp this morning by phone he told her that he stayed at his brothers bcz he was sick. I advised that he is suppose to call this dept and advise any time that he is absent but he did'nt. this is another " VIOLATION".

Rec'd memo from the ALA advising that resp has missed on May, 26th & 27th as well which are both violations.mlp

June 9, 1999 COLLATERAL CONTACT by MICKEL POLK

Spoke to SGT walker he advised that resp called to advise that he is still having chest and arm pains. Resp was advised that he needed to be at school.

Phone call from resp to advise that he will not be here. I advised resp that he will need a Dr's note to return to class. He stated that he may be going to move to Oklahoma. He stated that his mth was wanting to move up there soon. I advised that I need to talk to his mth about this.mlp

June 16, 1999 PHONE CALL by MICKEL POLK

Resp called to say that he is still moving to Okla. I advised that there is a directive issued on him. I advised that he turn himself in. He said that he will I asked when? He stated today. I told him that he knew and that it could make things better for himself if he turned him self in.mlp

June 18, 1999 HOME VISIT by MICKEL POLK

Went by resp's home his bro James came out and said that resp was not there he said that resp was a fugitive. He went on to say that he is set on staying out until his child is born. I advised that resp needed to turn himself in.mlp

End of report...

9651

03007

AT009657

Fri 25-Jun-1999 5:10p

GRAYSON COUNTY DEPARTMENT OF JUVENILE SERVICES

2

User: MP

Chronological Notes

05/22/1999 - 06/25/1999

Selection: ALL

THOMAS, ANDRE

Race: B

Sex: M

DOB: [REDACTED]

PID: 2020

May 25, 1999

OFFICE VISIT

by MICKEL POLK

Met w/ resp after school. He was shocked in but stated that this was not the place for him. He stated that all he needed to do was go to school in the summer and work the rest of the year. I advised resp that he can't have it the way he wants it. He will have to go through the ALA for 60 good days. I advised resp that when he got expelled he was sent here. All he has to do is work his way out. Resp was given the chance to write down the things that he thinks that will help him. He wrote that he needed anger management and other counseling. I told resp that I will call and get thing counseling set up for him tomorrow. I asked if he will be here he stated yes. Resp was advised that this day was over and he needed to come in tomorrow and go to classes..mlp

May 26, 1999

STANDARD NOTE

by MICKEL POLK

Resp was not at school this date nor did he call in.
A directive was issued on resp.mlp

May 27, 1999

PARENT CONTACT

by MICKEL POLK

Resp's mth called to advise that resp was not at home and he did'nt come home last night. She stated that he might be at his girlfriends house. She gave me the phone # I called resp and advised that he needs to be at school. He stated that he did;nt have a yellow shirt. I told resp that The dept will get him a shirt. Resp stated that he did not have a ride. I told him that I will cime get him. He was brought to school and turn over to the ALA. DD.CH was w/ he while he was being transported. After resp was released from school he was detained and placed in the JDC. Team 3 staffed resp and it was agreed that resp will be released and ordered to start back on 06/07/99.mlp

May 28, 1999

PARENT CONTACT

by MICKEL POLK

Went by resps home and advised Ms Thomas that she can come and get resp at 3:30 this date. I advised that resp will have to reschedule taps and be at school monday 06/07/99. she stated that he will be their.

Resp was releared from JDC at approx 4:15pm. I gave resp a CSR calander and advised that he needed to attend all dates set up for him.mlp

June 3, 1999

HOME VISIT

by MICKEL POLK

Met w/ resp at his bros appt. He stated that he was suppose to meet his mother there. I advised resp to be sure and call Taps and let them know to come pick him up on monday. Resp did not report on tuesday and I told him that he needed to be there every week.mlp

03008

9652

AT009658

Exhibit 111

Petition for Hearing to Modify Disposition

CAUSE NO. 5953

IN THE MATTER OF:

)

IN THE 15TH DISTRICT COURT

)

OF GRAYSON COUNTY, TEXAS

ANDRE THOMAS

)

SITTING AS A JUVENILE COURT

PETITION FOR HEARING TO MODIFY DISPOSITION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, on this the 26th day of July, 1999, Mark Teague, Assistant County Attorney of Grayson County, Texas, on behalf of the State of Texas, herein-after called the Petitioner, and would show the Court that heretofore, on the 18th day of May, A.D. 1999, **ANDRE THOMAS** hereinafter called the Probationer, was declared to have engaged in delinquent conduct in the above numbered and styled cause and was placed on probation under the reasonable and lawful terms and conditions of probation determined by the Court, for a period of one (1) year from that date, that the order placing the said Probationer on probation imposed certain terms and conditions on said Probationer which had to be complied with, or the said probation heretofore granted would be set aside.

That the reasonable and lawful terms and conditions of said probation, among other things provided:

14. Report to a Juvenile Probation Officer in person once a week between the hours of 3:00 p.m. - 4:45 p.m at the Grayson County Courthouse, 100 W. Houston, Suite A1-1, Sherman, TX 75090.
22. You are to attend school at the Alternative Learning Academy thru the Department of Juvenile Services, 86 Dyess, Denison, Texas, everyday that school is in session for a period of 60 GOOD day or until otherwise directed by the Department of Juvenile Services or the school district in which you reside.
23. You are to follow all school rules and regulations of the Alternative Learning Academy thru the Department of Juvenile Services. You are to notify this department by 8:30 am on any day you are going to be absent.

That the said Probationer commit no offense against the laws of the State of Texas or of any of its subdivision or of any other state or of its subdivisions or the United States of America.

9727

03097

AT009749

Petition for Hearing to Modify Disposition
Page 2 Cause No. 5953

Your Petitioner would show the Court that he has good reason to believe and does believe, and charges that the said Probationer herein has violated the reasonable and lawful conditions of his probation at a time when said probation was in full force and effect, in this, to-wit:

COUNT I

Respondent failed to comply with condition 14 of probation in that he failed to report on May 3, 10, 17, 24, 31, June 8, 15, 22, 29 and July 6, 1999.

COUNT II

Respondent failed to comply with condition 22 of probation in that he failed to not attend school June 8, 9, 10, 11, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30 and July 6, 7, 8, 9, 12, 13, 14, 15, 16, 19 & 20 1999.

COUNT III

Respondent failed to comply with condition 23 of probation in that he failed notify this department on June 8, 9, 10, 11, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30 and July 6, 7, 8, 9, 12, 13, 14, 15, 16, 19 & 20 1999, that he would not be attending Alternative Learning Academy.

Movant therefore requests that:

1. this case be set down for a hearing to modify disposition;
2. reasonable notice of the hearing be given to all parties;
3. the child be found to have violated a reasonable and lawful order of the Court as aforesaid;
4. the child be placed in custody of the Department of Juvenile Services Boot Camp.


Assistant County Attorney

03098

9728

Exhibit 112

Order Modifying Disposition

ORDER MODIFYING DISPOSITION

BE IT REMEMBERED on the 29th day of July, 1999, the child, Andre Thomas, in person and represented by Mike Dunn, attorney, appeared in court for a modification of disposition hearing.

IT WAS ORDERED, ADJUDGED, AND DECREED that ANDRE THOMAS was to be placed in the custody of the Grayson County Department of Juvenile Services Boot Camp for a period of 90 GOOD days or until further order of the Court, with conditions of Probation made a part of that Order for all purposes.

THE COURT NOW FINDS that the child, ANDRE THOMAS, is medically disqualified from participation in the Grayson County Department of Juvenile Services Boot Camp.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that ANDRE THOMAS is hereby placed in the custody of his legal guardian, Rochelle Thomas, for a period of _____ months or until further orders of the Court, with conditions of Probation attached hereto and made a part of the Order for all purposes.

The Court finds that ANDRE THOMAS has the following educational needs:

The disposition ordered herein addresses _____ educational needs in the following manner: Respondent enroll in the Education Plus GED program and attend classes Monday — Friday from 8:AM til 12:PM.

The Court finds _____ is the person responsible for supporting _____. After notice, _____ was given a reasonable opportunity to be heard concerning her ability to pay a monthly probaiton fee of _____ for the _____ months ANDRE THOMAS is on probaiton.

The court finds _____ is able to pay a monthly probaiton fee of _____. It is hereby ordered that _____ make monthly probaiton fee payments in the amount of _____ to Grayson County Juvneile Probation Department for _____ months beginning _____.

The Respondent an parties were informed in open Court of the right to appeal pursuant to chapter 56, Texas family code.

SIGNED this the _____ day of _____

10381

Judge presiding

03772 -

Exhibit 113

**Wilson N. Jones Medical
Records for an allergic
reaction**

96

Wilson N. Jones
MEDICAL CENTER

PATIENT ACCOUNT NO.	PAT TYPE	SOURCE	PRE.	REGISTRATION RECORD				PRIOR ADMIT DATE	ROOM	MEDICAL RECORDS	
010030167	EX	/						10/13/01		000001	
FC	ADMIT DATE / TIME	BIRTHDATE	AGE	SEX	MAR.	RACE	TYPE	RELIG.	ADMITTING PHYSICIAN / CODE	NEWS	SERV
	11/07/01 17:44		18	F	M	B		CHR		N	FE
PATIENT NAME AND ADDRESS				SSN/PHONE/COUNTY				PT. EMP NAME AND ADDRESS		WORK PHONE / EMP.	
THOMAS, ANDRE LEE								CITY OF SHERMAN		SECRETARY	
SHERMAN, TX 75092				GRAYSON				SHERMAN, TX 75092			
GUARANTOR NAME AND ADDRESS				SSN/PHONE/REL				GUAR. EMP NAME AND ADDRESS		WORK PHONE / EMP. C	
								CITY OF SHERMAN		SECRETARY	
SHERMAN, TX 75092				S				SHERMAN, TX 75092			
SPOUSE / PARENT NAME AND ADDRESS				SSN/PHN SPOUSE'S / PARENT'S EMPLOYMENT INFORMATION							
THOMAS, LAURA								CHURCH'S CHICKEN		903 892-1	
SHERMAN, TX 75092								LAMAR		CL	
SHERMAN, TX 75090											
EMERGENCY CONTACT NAME AND ADDRESS				PHONE/REL				FAMILY PHYSICIAN		CHURCH	
MICHELLE THOMAS											
SHERMAN, TX 75092											
INS. NAME / GROUP NAME				CERT. NO. / GROUP NO.				SUB. NAME / INS. ADDRESS		ALT. NO. / INS. CSZ	

ADMITTING COMPLAINT:

REMARKS:

AB, NO INS; EOC
UNABLE TO PAY

ATTENDING PHYSICIAN:

WAYNE L. BELL, M.D.

DISCHARGE DATE & TIME:

Insurance Assignment

I authorize payment directly to Wilson N. Jones Medical Center and physician(s) which accept this assignment of hospital and medical benefits, otherwise payable to me. I understand that I will be responsible for any balance. I understand that I may receive a bill from the following: cardiologists, Radiologists, Emergency Physician, Anesthesiologists, EEG, ECG, or EKG interpreters, surgeons, or consultants.

Medicare/Medicaid Assignment - Important Message From Medicare - Important Message From Champus

I certify that the information given to me in applying for payment under Title XVIII or XIX of the Social Security Act is correct and I request that said payment of authorized benefits be made in my behalf. If Medicare, I have received AN IMPORTANT MESSAGE FROM MEDICARE. If Champus, I have received AN IMPORTANT MESSAGE FROM CHAMPUS.

Release of Information

I authorize the hospital to release such medical information as necessary when requested by insurance companies, worker's compensation carrier, patient's or responsible party's employer, representatives of government agencies, or the other entities, medical facility/physician for continuing care or other entities as may be necessary.

Valuables

I understand that the hospital is not responsible for damage, theft, or loss of my personal property. I have been informed that items such as necessary eyeglasses, contact lenses, jewelry and other valuables should be sent home or deposited with the hospital for safekeeping. I understand that lost and found articles not claimed in sixty (60) days will be disposed of.

PATIENT SIGNATURE

DATE

WITNESS / CLERK

SIGNING FOR PATIENT

DATE

RELATIONSHIP TO PATIENT

AT001500

© 1995-98 T-System, Inc. Circle positives, check normals, backslash: (X) negatives.

44

Wilson N. Jones Medical Center
EMERGENCY PHYSICIAN RECORD
 Allergy Symptoms (5)

TIME SEEN: 2:00 ROOM: 15 EMS ArrivalHISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI

chief complaint: face / throat swelling skin rash itching
trouble breathing dizziness / fainting

started: 30 min PTA continues in E.D.
gone now better
intermittent
worse

current symptoms:

SKIN/IMMUNE

skin rash / itching

- facial trunk extremities diffuse
- "redness" "hives"

swelling

- face lip(s) tongue throat hands feet diffuse

trouble breathingtrouble swallowingdizziness / faintingidentified cause? no yes possiblyWhen? just prior to symptom onset

Exposure-

Medication	Food	Other
antibiotic	shellfish	bee/wasp sting
aspirin	nuts	ant bite
NSAID	soybeans	poison ivy/oak
ACE inhibitor	eggs	
other		

Location- home work otherparamedic assessment: BP HR RR n/atreatment prior to arrival: none see EMS recordepinephrine steroids benadryl mg PO / IM / IVIV fluidsSimilar symptoms previously 1/month**1536**Recently seen/treated by doctor

ROS

EYES

eye problems

BELL, W

THOMAS, ANDRE INEIRO

11/17/01 H

11/17/01 H

/ numbness

ENT- RESP

sore throatcoughsputum

CVS

chest painracing heart

GI

abdominal painvomitingdiarrheablack/bloody stools

GU

frequent urinationpain on urination☒ all systems neg. except as markedPAST HISTORY negativeprior allergic reactionanaphylaxis "hives"idiopathic hivesasthmahayfeverhigh blood pressurediabetes insulin / oral / dietheart diseaseother problemsMedications none see nurses noteASA ibuprofen acetaminophenAllergies NKDAsee nurses note**04360**

SOCIAL HX

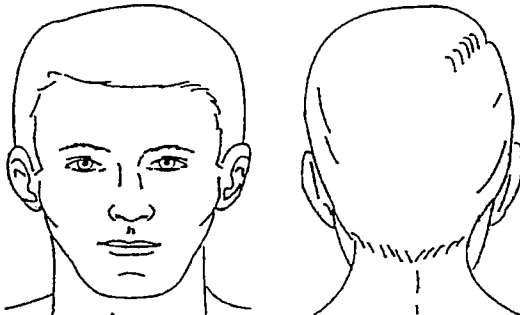
smokerdrugsalcohol (recent / heavy / occasional)

FAMILY HX

☒ Nursing Assessment Reviewed. ☒ BP, HR, RR, Temp reviewed.
 PHYSICAL EXAM ☒ Alert ☒ Anxious ☒ IV
 Distress: ☒ NAD ☒ mild ☒ moderate ☒ severe

HEENT

☒ ENT nml inspectn ☒ angioedema
☒ facial (see diagram)
☒ pharynx nml ☒ tongue ☒ uvula ☒ pharynx
☒ voice nml
☒ hoarse voice
☒ scleral icterus / pale conjunctivae
☒ abnml TM / hearing deficit



SKIN

☒ no rash ☒ cyanotic / diaphoretic / pallid
☒ normal color ☒ skin rash / erythema
☒ warm, dry ☒ urticaria scaling eczematous erythematous
☒ excoriated macular papular fine patchy
☒ generalized facial neck trunk arms legs

EXTREMITIES

☒ non-tender ☒ edema hands/arms/legs/pedal
☒ normal ROM
☒ no edema

NECK

☒ nml inspection ☒ meningismus
☒ lymphadenopathy
☒ thyromegaly

RESPIRATORY

☒ no resp. distress ☒ respiratory distress ☒ mild
☒ breath sounds nml ☒ stridor
☒ accessory muscle use
☒ decreased air entry
☒ wheezing
☒ rales

CVS

☒ reg. rate, rhythm ☒ tachycardia / bradycardia
☒ heart snds normal ☒ murmur / gallop
☒ decreased pulse(s)

ABDOMEN

☒ non-tender ☒ tenderness
☒ no organomegaly ☒ hepatomegaly / splenomegaly

NEURO/PSYCH

☒ oriented x3 ☒ disoriented to person / place / time
☒ mood/affect nml ☒ depressed affect
☒ CN's nml as tested ☒ facial droop/EOM palsy/anisocoria
☒ no motor/sensory deficit ☒ weakness / sensory loss

LABS, XRAYs, EKG:

EKG MONITOR STRIP ☒ NSR ☒ abnml
 EKG ☒ NML ☒ Interp. by me. ☒ Reviewed by me Rate
☒ NSR ☒ nml intervals ☒ nml axis ☒ nml QRS ☒ nml ST/T
 not / changed from:
 CXR ☒ Interp. by me ☒ Reviewed by me ☒ Discd w/radiologist
☒ nml/NAD ☒ no infiltrates ☒ nml heart size ☒ nml mediastinum
 not / changed from:

CBC	Chemistries	CK	Pulse
normal except	normal except	CKMB	Oximetry
WBC	Na	PT	
Hgb	K	INR	%
Hct	Cl	PTT	SAT
Platelets	BiCarb		RA
segs	Gap		O2
bands	Gluc		U/min
lymphs	BUN		%
monos	Creat		
eos			

Pulse Ox ☒ % on RA / ☒ L / ☒ % at (time)

TREATMENT SUMMARY ☒ see chart for medication record

☒ oxygen / IV fluids / diphenhydramine / epinephrine
☒ methylprednisolone / prednisolone / prednisone
☒ cimetidine / ranitidine / nebulized albuterol

Time 2100 ☒ unchanged ☒ improved ☒ resolved ☒ re-examined

Discussed with Dr. Epi pen, steroids, Hbtl CRIT CARE- 30-74 min
 will see patient in: office / ED / hospital 75-104 min min
☒ Counseled patient / family regarding: Prior records ordered
☒ lab results ☒ diagnosis ☒ need for follow-up Additional history from:
☒ Rx given ☒ Admit orders written family caretaker paramedics

CLINICAL IMPRESSION:

Allergic Reaction - acute

to:

Urticaria Rash - acute

Angioedema - acute

Respiratory Distress - acute

Anaphylaxis - acute

Shock persistent resolved

Laryngeal Edema - acute

Airway Obstruction - acute

Bronchospasm / Asthma

Syncope

04361

DISPOSITION- ☒ home ☒ admitted ☒ transferred
 CONDITION- ☒ unchanged ☒ improved ☒ stable

Robert Rankins, MD PA
 MD / DO

032561

7-00000, 100000 150000

1375

13

MOTOR		ADULT	INFANT/CHILD
	Obeys Commands	6	Spontaneous Movements
	Localizes	5	Withdraws to
	Withdraws	4	Withdraws to Palm
	Flexion	3	Flexion
	Extension	2	Extension
	None	1	None

AT00150

AT001503

INTAKE								OUTPUT			
TIME	# IV	SITE	GAUGE	FLUID TYPE	VOLUME TO BE INFUSED	TOTAL VOLUME GIVEN	INITIALS	TIME	TYPE	VOLUME	INITIALS

DATE	TIME	NURSING NOTES
	2035	Moved from Rm 15 → 4 O2 2cpm NK Monitor comfort 80% sitting on S/G of right denture 8202929
		2040 O2 2cpm feels better no other Sx other than HA since he left work
	2055	Next eyes closed 2 hrs dentures in
	2110	Friend @ bedside no dentures 48 clear
	2123	SR on monitor. Respirator regular & unlabored. Pt says "I feel much better now. Reviewed discharge instructions & gave MD's prescription. DRJ

04363

DISPOSITION

DISCHARGE: ☒ Home ☐ AWOL ☐ AMA ☐ Morgue ☐ Other: _____

Date: 11/7/01 Time: 2123

MODE: ☒ Ambulatory ☐ Crutches ☐ Wheelchair ☐ Stretcher Accompanied By: friendINSTRUCTIONS: ☒ Written ☒ Verbal ☒ Rx Given ☐ Via Interpreter: _____☒ Verbalized UnderstandingADMIT TO: 1539 Report by: ☐ FAX ☐ Phone ☐ Written To: _____

Date: _____ Time: _____

MODE: ☐ Wheelchair ☐ Stretcher ☐ Monitor ☐ IV ☐ C2 ☐ Valuables Done Time to Floor: _____NOTIFICATION: ☐ Family ☐ Police ☐ Other: _____

Date: _____ Time: _____

Notification Signature _____

X Referral / Discharge / Admit Signature _____

AT001504

WILSON N. JONES MEDICAL CENTER
EMERGENCY DEPARTMENT

0013033162

032561

FELL, W

CHAD. ADAMS LEE

7/17/01 4

18

PATIENT DISCHARGE INSTRUCTIONS

The examination and treatment received in the Emergency Department is on an emergency basis and not intended to substitute for complete medical care and final diagnosis. You are urged to carefully follow the instructions given to you and follow up with your private physician. IF YOU HAVE QUESTIONS OR YOUR CONDITION WORSENS AND YOUR PRIVATE PHYSICIAN CANNOT BE REACHED, YOU MAY CALL OR RETURN TO THE EMERGENCY DEPARTMENT AS NECESSARY.

INSTRUCTION SHEET GIVEN:

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Bites | <input type="checkbox"/> County Health Department | <input type="checkbox"/> Insect bites/stings |
| <input type="checkbox"/> Animal Control Notified | <input type="checkbox"/> Crisis Center Referral | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Croup | <input type="checkbox"/> Lacerations |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Low back, care |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diarrhea, acute | <input type="checkbox"/> Menorrhagia |
| <input type="checkbox"/> Back pain, low | <input type="checkbox"/> Dysmenorrhea | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Bladder infection, female | <input type="checkbox"/> Ear Infection, middle | <input type="checkbox"/> Pain Medication |
| <input type="checkbox"/> Bone fracture | <input type="checkbox"/> Ear Infection, outer | <input type="checkbox"/> Pharyngitis |
| <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Fever, how to reduce | <input type="checkbox"/> Physician referral |
| <input type="checkbox"/> Bronchitis, acute | <input type="checkbox"/> Fever of unknown origin | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Sinus infection |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Social Services Referral |
| <input type="checkbox"/> Cervicitis | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Sprains & Strains |
| <input type="checkbox"/> Chlamydia Infection | <input type="checkbox"/> Headache, migraine | <input type="checkbox"/> Strep Throat |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Headache, tension | <input type="checkbox"/> Suture/staple |
| <input type="checkbox"/> Cold, common | <input type="checkbox"/> Hives | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Home Health Referral | <input type="checkbox"/> Uterine bleeding, dysfunctional |
| <input type="checkbox"/> Corneal abrasion/ulcer | <input type="checkbox"/> Influenza | |

SPECIFIC INSTRUCTIONS

- ☐ You need to see your doctor in _____ days for follow-up.

Let us know if you don't have a doctor and we will give you the name and phone number of one who will follow your progress.

- ☐ Follow up unnecessary for this visit.

TAKE MEDS AS DIRECTED
Follow up with Dr. Khazami

☐ SPECIFIC DISCHARGE TEACHING

1. _____
2. _____
3. _____

☐ DEMONSTRATED UNDERSTANDING

I have explained these instructions to the patient or responsible party.

I hereby acknowledge receipt of instructions and do understand them.

Signature of Nurse

Signature of Physician

Signature of Patient or Responsible Party

04365

0013033162

BELL, W

032561

THOMAS, ANDRE LEE

11/07/01 N

16

Wilson N. Jones Medical Center

GENERAL CONSENT FORM

- I hereby request admission to this facility and authorize my attending physician, and any and all other attending physicians and surgeons, including radiologists, emergency physicians, pathologists and anesthesiologists, to order or administer any treatments, procedures, tests, examinations or other services of a routine medical or surgical nature, or to order any hospital services which he/she or they may deem necessary or advisable in the diagnosis and treatment of my health or physical condition.
- I understand that the physicians, surgeons, and/or Physician Assistants who may treat my condition are not employees of this hospital, but are independent physicians who have been selected by my agents or me. I understand that these physicians are independent physicians engaged in the private practice of medicine who are authorized to use the facilities of Wilson N. Jones Medical Center while treating me for my medical condition. The physician may be one selected by me, my agents, or the physician consulting with my attending physician, performing tests ordered by attending physician, such as a radiologist, anesthesiologist, cardiologist, or other specialist. I also understand that the emergency room physicians and physician assistants are also not employees of Wilson N. Jones Medical Center, but are private physicians or physician assistants who are treating me until my own physician has time to arrive or until my agents select an attending physician. This Medical Center is not responsible for recommending my treating physicians and I have not relied upon a hospital representative in selecting my independent physician.
- I authorize Wilson N. Jones Medical Center, its employees and agents to perform nursing care, diagnostic procedures and medical treatment requested by my attending physician or his/her assistant. I understand this may include, but is not limited to diagnostic x-ray procedures, venipunctures for laboratory, and intravenous procedures.
- I understand that this Medical Center serves as a clinical training site for a number of accredited Health Professions students including, but not limited to, programs in Nursing, Paramedic, and Medical Technologist training. These are under the direct supervision of a qualified, licensed instructor or certified professional. During the course of my stay, these students may participate in my care.
- I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the Medical Center.
- I hereby acknowledge that I have been provided materials about my rights to execute Advance Directives. I understand that I am not required to have an Advanced Directive in order to receive medical treatment at this health care facility. Advance directive data will not be available for outpatient services or procedures.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE

PATIENT CONFIDENTIALITY DESIGNATION



I wish to be registered as a standard confidentiality patient.



I wish to register as a strictest confidentiality patient. My presence will not be acknowledged other than my caregivers and those with a need-to-know. I will receive no mail, flowers, visitors or calls.

11/7/01

DATE/TIME

PATIENT'S SIGNATURE

PATIENT REPRESENTATIVE'S SIGNATURE

WITNESS

REASON PATIENT UNABLE TO SIGN

RELATIONSHIP TO PATIENT

TELEPHONE CONSENT

04366

TELEPHONE CONSENT FOR EMERGENCY TREATMENT	PH. NUMBER	PARTY ISSUING CONSENT	RELATIONSHIP	DATE & TIME
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CONSENT
WITNESS:CONSENT
WITNESS:

COMMENTS:

AT001507